Pennsylvania Department of Health
Bureau of Emergency Medical Services

BLS Skill Sheets

December 22, 2008

Bureau of Emergency Medical Services Room 606
Pennsylvania Department of Health
625 Forster St | Harrisburg, PA 17120-0701
Phone: 717.787.8740 | Fax: 717.772.0910

Table of Contents

Behavioral Emergencies

Appendices

Appendix A

Appendix B

Appendix C

BSI & EXAM GLOVE REMOVAL

Skill: BSI & Exam Glove Removal **Description:** Practitioner will properly remove, and dispose of, contaminated gloves without contacting the contaminant(s).	
☐	Using a gloved hand, the practitioner will pinch the glove on the other hand just distal to the cuff
☐	With a distal movement, the practitioner will remove the pinched glove, turning it inside out while removing the hand
☐	Practitioner will grasp the inside portion (now outside) of the removed glove with their ungloved hand
☐	Using the removed glove as a barrier, the practitioner will grasp the distal cuff area of the gloved hand
☐	With the same movement used in step 2, practitioner will remove the second glove making sure not to make contact between the gloves outer surface and their skin
☐	Used gloves will be placed in an appropriate container /Red Biohazard Bag
☐	Practitioner will wash hands by an acceptable method or use an acceptable germicidal
CRITICAL CRITERIA	
☐	Removes gloves without contacting the contaminant(s)
☐	Disposes gloves in appropriate container/Biohazard Bag

DIAGNOSTIC / VITAL SIGNS

Skill: Diagnostic / Vital Signs – Level Of Consciousness **Description:** Assess patient's level of consciousness by evaluating the person's responsiveness and orientation	
☐	Determine patient's responsiveness (**AVPU**): • Patient is conscious & **Alert** upon your arrival *or* • Patient responds to **Verbal** stimuli *or* • Patient responds to **Painful** stimuli [tactile (touch)] *or* • Patient does not respond to any stimuli (**Unresponsive**).
☐	Determine patient's orientation: • Ask person his/her name (person) • Ask person his/her current location (place) • Ask person current time, year, month, approximate date (time) • Ask person what happened (event)
☐	Record findings.

Skill: Diagnostic / Vital Signs – Pulse (Radial) **Description:** Monitor patient's radial pulse for rate and quality.	
☐	Locate radial artery (anterior thumb side of wrist). **NOTE**: If radial pulse is inaccessible use another pulse point
☐	Palpate pulse using, two fingers for 30 seconds and multiply by 2
☐	Record findings, to include • Rate • Quality - **Strong**, **Weak**, **Regular**, **Irregular**

Skill: Diagnostic / Vital Signs – Respirations **Description:** Monitor patient's respirations for rate and quality by palpation or observation.	
☐	Observe rise & fall of patient's chest for 30-seconds and multiply by 2
☐	Record findings, to include: • Rate • Quality - **Normal**, **Shallow**, **Labored**, **Noisy**

Skill: Diagnostic / Vital Signs – Blood Pressure **Description:** Take patient's blood pressure using a sphygmomanometer (blood pressure cuff), by either auscultation or palpation method. (The palpation method should be used when one cannot hear the pulse sounds due to background noise)	
Auscultation	
☐	Expose the arm, externally rotate it, palm up, and position appropriate size blood pressure blood pressure cuff above the elbow, centering bladder over the brachial artery
☐	Palpate brachial pulse at the crease of elbow
☐	Position diaphragm of stethoscope directly over the brachial pulse
☐	With the valve closed inflate the blood pressure cuff until you no longer hear the brachial pulse; inflate the blood pressure cuff another 20-30 mm Hg so you do not miss the first systolic pulse sound
☐	Slowly release air from the blood pressure cuff by opening the bulb valve allowing the pressure to fall smoothly at the rate of approximately 2-3 mm per second; observe dial return to zero
☐	When you hear the first tapping or clicking sound, note the reading on the gauge; this is the systolic pressure
☐	Continue to deflate the blood pressure cuff, listening for the point at which the distinctive sounds fade; when the sounds turn to dull, muffled thuds or when the sound disappears, the reading on the gauge is the diastolic pressure
☐	Blood pressure is recorded as Systolic/Diastolic, i.e., "130/80".
Palpation	
☐	Palpate the radial pulse point on the arm to which the blood pressure cuff has been applied. (Maintain pulse point contact.)
☐	Inflate the blood pressure cuff as explained under auscultation, which is to increase pressure by 20-30mmHg after the radial pulse is no longer palpated
☐	Deflate the blood pressure cuff slowly while continuing to palpate the radial pulse point.
☐	When the pulse is felt, observe gauge.
☐	Record, as the systolic blood pressure, the point on the gauge at which the pulse is first felt. Record as **Systolic by palpation or "130/p.**

Skill: Diagnostic / Vital Signs – Skin **Description:** Assess patient's skin to determine adequacy of perfusion	
☐	Check patients skin temperature by placing the back of your hand on the patient's skin. **NOTE:** The most common area for assessing the skin temperature is the forehead. Practitioner's glove will need to be peeled back slightly to adequately assess skin condition.
☐	Record findings: i.e. **hot**, **warm**, **cool**, **cold**.
☐	Check patient's skin condition.
☐	Record findings: i.e. **dry**, **moist** (clammy).
☐	Check patient's skin color in nail beds, oral mucosa, or conjunctiva.
☐	Record findings: i.e. **normal**, **cyanotic**, **pale**, **red**
For patients less than six years of age:	
☐	Assess capillary refill by pressing on the patient's skin or nail beds and determine time for return to initial color
☐	Record findings: **normal** < 2 seconds **abnormal** > 2 seconds

Skill: Diagnostic / Vital Signs – Pupils **Description:**	
☐	Check both pupils by observing for size (**dilated, constricted, normal**).
☐	Check both pupils for equality (**equal** or **unequal**).
☐	Check each pupil for reaction to light (**fixed, reactive, sluggish**). As appropriate, each pupil may be either exposed to or shaded from light to check for reaction
☐	Record observations.

Skill: Diagnostic / Vital Signs – Vital Sign Reassessment **Description:** Patient vital signs should be taken and recorded according to the following guidelines:	
☐	Every 15 minutes, at minimum, for a stable patient.

☐	Every 5 minutes, at minimum, for an unstable patient.
☐	Following all medical interventions and then either every 5 or 15 minutes depending on the patient's condition.
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Assesses level of consciousness **(AVPU)**
Assesses baseline vital signs:	
☐	Pulse (Accuracy within +/- 10%)
☐	Respiration (Accuracy within +/- 25%)
☐	Blood pressure by auscultation using a stethoscope and blood pressure cuff (Accuracy within +/- 10 mmHg Systolic and Diastolic)
Assesses skin for	
☐	Temperature
☐	Condition
☐	Color
Assesses pupils for	
☐	Size
☐	Equality
☐	Reaction to light

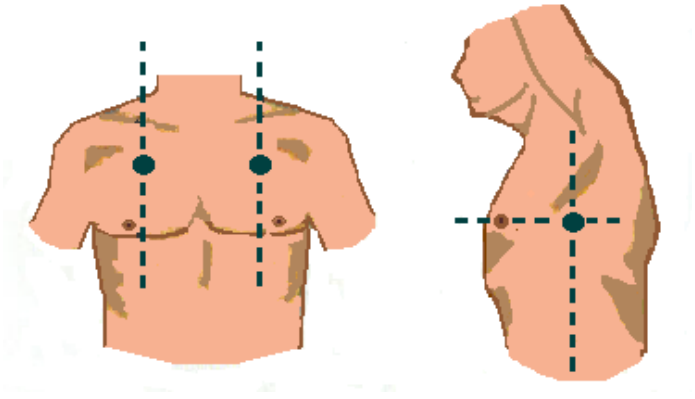
Skill: Diagnostic / Vital Signs – Lung Sounds

(**NOTE:** Lung sounds are not considered a vital sign, but rather an assessment skill that takes practice and is integrated with the patient assessment skill)

Description: Auscultate patient's chest to determine quality of air exchange in lungs

☐	Place stethoscope directly against skin (on the mid-clavicular line at the apices and the mid-axillary line at the bases. See diagram below)
☐	On the mid-clavicular line at the apices, listen for quality of air exchange during inspiration and expiration. Note if sounds heard are **normal** (clear); **abnormal** (noisy); **diminished** or **absent** (may be one-side only). (Assess bilaterally)

☐	On the mid-axillary line at the base, listen for quality of air exchange during inspiration and expiration. Note if sounds heard are normal (clear); abnormal (noisy); diminished or absent (May be one side only) (Assess bilaterally)
☐	Record findings.



Mid-Clavicular Mid-Axillary

CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Places stethoscope directly on skin
☐	Auscultate on mid-clavicular line below and mid-axillary line (as indicated on diagram)
☐	Assess lung sounds bi-laterally

LIFTING AND MOVING PATIENTS

Skill: Lifting And Moving Patients – Body Mechanics - Lifting Techniques **Description:** Safety Precautions: A. Consider the weight of the patient and the equipment. B. Know your physical ability and limitations. C. Position feet properly D. Lift without twisting. E. Use your legs, not back, to lift. F. Keep the weight close to your body. G. Communicate clearly & frequently with your partner	
☐	Practitioner will approach the patient/stretcher and evaluate the total weight.
☐	Practitioner will determine if weight is within the limits for a two-person crew. • If yes, begin lift. • If no, summon additional help
Practitioner will use the power-lift or squat lift, depending upon which one can most comfortably maintain your lumbar posture.	
Power-lift or squat-lift position, practitioner will:	
☐	Space feet a comfortable distance apart
☐	Tighten your back in its normal upright position and use your abdominal muscles to lock it in a slight inward curve
☐	Keep feet flat
☐	Distribute weight to balls of feet or just behind them
☐	Ensure the back is locked in and the upper body comes up before the hips
☐	Keep head up • Do not reach more than 15-20 inches in front of your body. • Carry the load as close to the body as possible while maintaining normal curvature of the spine
☐	Lift while keeping back in locked-in position.
☐	Reverse steps when lowering the lifting device.
☐	Avoid bending at the waist.

Skill: Lifting And Moving Patients – Body Mechanics – Power Grip

Description: Use the power grip to get the maximum force from hands. The power grip should always be used in lifting. This allows for maximum force to be developed

☐	Practitioner grips the object with palm up and fingers in contact with the object
☐	Practitioner assures that all fingers are bent at the same angles
☐	Practitioner will position the hands at least 10 inches apart

Skill: Lifting And Moving Patients – Body Mechanics – Carrying

Description: Carrying Precautions:

A. Know the weight (ask patient's weight if possible and add weight of the lifting device)
B. Know you and your partner's capabilities.
C. Have a plan and communicate it.
D. Keep the weight as close to your body as possible.
E. Keep your back in a locked in position and refrain from twisting
F. Flex at the hips, not the waist, bend at the knees.
G. Do not hyperextend the back (leaning back from the waist).

Correct Carrying Procedure	
☐	Practitioners will pair off according to height (and/or strength), if possible
☐	Practitioners use correct lifting technique to lift the lifting device
One-Handed Carrying Procedure	
☐	Practitioner picks up the equipment with the back in the locked-in position
☐	Practitioner avoids leaning to either side
Correct Carrying Procedure On Stairs	
☐	Practitioners assure that they have enough help to accomplish the move safely. (Practitioners will have a spotter while going backwards down the stairs, if available)
☐	Keep back in locked-in position
☐	Flex at the hips, not the waist, bend at the knees
☐	Practitioners keep the weight, and their arms, as close to their body as possible

Skill: Lifting And Moving Patients – Body Mechanics – Reaching

Description: Reaching Precautions**:**

A. Keep your back in a locked-in position.
B. Avoid reaching more than 15 to 20 inches in front of your body.
C. Avoid twisting while reaching.
D. When reaching overhead, avoid hyperextended position

☐	Practitioner maintains the reach for as short a time interval as possible.
Correct Reaching for Log Rolling the Patient	
☐	Keep back straight while leaning over patient
☐	Practitioner keeps the back straight, leaning from the hips and using your body weight to assist

Skill: Lifting And Moving Patients – Body Mechanics – Pushing and Pulling

Description: Pushing and Pulling Precautions:

A. Push, rather than pull, whenever possible.
B. Always keep your back locked-in.
C. Bend your knees whenever you pull so that the line of pull is through the center of your body.
D. Keep the weight close to your body.
E. Push from the area between the waist and shoulder
F. If weight is below waist level, use kneeling position
G. Avoid pushing or pulling from an overhead position if possible
H. Keep elbows bent with arms close to the sides

☐	Practitioner keeps the back straight and maintains the load between the shoulders and hips. If the object is below waist level, then the push or pull should come from a kneeling position
☐	Practitioner keeps the elbows bent and arms as close to the side as possible
☐	Practitioner positions the hands and arms to allow the force of the push/pull to be through the center of his/her body
☐	As practitioner is moving during the push/pull, he/she maintains the back in neutral alignment by tightening the back and abdominal muscles and maintaining a slight lordosis (normal curvature of the spine).
☐	Practitioner accomplishes all maneuvering of the patient/stretcher with the use of shoulder, arm and leg muscles with good foot positioning - not body weight or back muscles

Skill: Lifting And Moving Patients – Recovery Position (Lateral Recumbent) **Description:** Patient position used for unresponsive patients who have adequate breathing and pulse, without suspected spine injury:	
☐	Practitioner kneels beside the patient
☐	Practitioner then rolls the patient towards himself/herself without twisting the patient's body. **NOTE**: Rolling patient onto his/her left side is preferred for most patients: • Patients presenting with paralysis - paralyzed side down. • Patients presenting with chest trauma - injured side down.
☐	Practitioner assures that the patient has an open airway. **NOTE:** This position should avoid any pressure on the chest that impairs breathing, allows good observation of and access to the airway, promote fluid drainage from mouth and nose, as well as prevent the mouth from touching the ground
☐	Practitioner flexes the patient's superior leg and positions it over the inferior leg so that the superior knee is touching the ground
☐	Practitioner continually monitors the patient for airway compromise
☐	Practitioner uses proper body mechanics to accomplish the skill
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Log Roll **Description:** Patient position used for unresponsive patients who have adequate breathing and pulse, without suspected spine injury:	
☐	Practitioner applies and/or maintains manual in-line stabilization of the patient's head and neck throughout the procedure
☐	At least one additional practitioner kneels at the patient's side to control movement of the rest of the body. All practitioners kneel on the same side of the patient
☐	Practitioners (except person at head) will grasp the patient as appropriate to enable support of the body as the roll is being accomplished. (i.e. one practitioner will support at the shoulders and belt line; two practitioners can support: one at the shoulders and buttocks, one at the belt line and mid-thigh; etc.)
☐	On command of the first practitioner (at patient's head), all practitioners roll patient toward them, keeping patient in a straight line
☐	When ready, the patient is lowered back to the supine position on command of the first practitioner still keeping the patient's spinal column in alignment
☐	Practitioner uses proper body mechanics to move the patient
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move
☐	Ensures spinal alignment

Skill: Lifting And Moving Patients – Blanket Drag **Description:** This is an emergency move used to get a patient from an area of immediate danger to a safe area:	
☐	Practitioner will prepare the blanket by folding it approximately two-thirds of the way in lengthwise
☐	Practitioner will place the pleated blanket lengthwise beside the patient with the pleats toward the patient's body and the leading edge on top.
☐	Practitioner will kneel beside the patient, opposite the blanket. **NOTE**: Supine Patient Only!
☐	Practitioner will grasp the patient at the hip & shoulder area and roll the patient gently toward himself/herself and onto his/her knees. Move body as a unit if possible.
☐	Practitioner will reach across the patient and pull the folded part of the blanket close to the patient's body. Tuck some of the blanket as far underneath the patient as possible.
☐	Practitioner will allow the patient to roll, or gently roll the patient, while protecting the patient's head, to a supine position on top of the blanket.
☐	Practitioner will gently roll the patient away from the practitioner enough to be able to smooth out the folds underneath the patient.
☐	Practitioner will allow the patient to roll back onto the center of the blanket.
☐	Practitioner will wrap the patient in the blanket.
☐	Practitioner will grasp the blanket under or alongside the head and neck
☐	Practitioner will pull the patient, using the blanket, to a safe area
☐	Proper body mechanics are used throughout the skill
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Clothes Drag **Description:** This is an emergency move used to get a patient from an area of immediate danger to a safe area:	
☐	Practitioner will position patient on the back
☐	Practitioner will kneel at the patient's head, facing the patient.
☐	Practitioner will grasp the patient's clothing (shirt) while, if possible, supporting the victim's head in his/her forearms
☐	Practitioner will pull, long axis if possible, while keeping the patient's head and shoulders close to the ground
☐	Practitioner maintains proper body mechanics throughout move
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Shoulder Drag **Description:** Emergency move used to get a patient from an area of immediate danger to a safe area:	
☐	Practitioner will position patient on the back
☐	Practitioner will kneel at the patient's head, facing the patient
☐	Practitioner will place his/her arms under the patient's armpits (from the back) and grasp the patient's forearms
☐	Practitioner will drag the patient, long axis if possible, to a safe environment
☐	Practitioner maintains proper body mechanics throughout move. **NOTE**: Rescue can be accomplished in a crouched or standing position depending upon practitioner/patient size and situation encountered
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Extremity Lift **Description:** A non-urgent move used to transfer a patient from one area to another such as a stretcher or bed. This move is only appropriate for patients who have **NO SUSPECTED SPINAL INJURY**	
☐	Practitioner kneels at the patient's side near the patient's knees
☐	Practitioner grips the patient's wrists and, with help from the second practitioner, pulls the patient to a sitting position
☐	The other practitioner crouches on one knee, at the patient's head - facing patient; while supporting patient with the other knee, the practitioner slips his/her hands under the patient's arms and grasps the patient's wrists
☐	Practitioner will position the patient so the patient's legs are spread and knees flexed.
☐	Practitioner then crouches on one knee, between patient's legs facing toward patient, and grips patient's legs behind the knees
☐	On command, both practitioners lift patient and move the patient as needed
☐	Proper body mechanics are followed throughout the move
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Direct Carry

Transfer of Supine Patient From Bed to Stretcher

Description: Non-urgent move that can be used to transfer a supine patient from a bed to a stretcher or vise versa. Can be accomplished with two or three practitioners

☐	Practitioners will position stretcher parallel to the bed with head end of stretcher at foot end of bed
☐	Practitioners will prepare stretcher for patient (unbuckle straps, remove items, etc.).
☐	Practitioners will position themselves between the bed and stretcher, facing patient.
NOTE: Specific order of the next 4 areas are not critical to patient care	
☐	Practitioner slides one arm under patient's neck and cups patient's shoulder.
☐	The other practitioner slides hand under hip and lifts slightly
☐	The other practitioner slides other arm under patient's back. **NOTE**: If a third practitioner is available, he/she should place both arms under the patient's waist and the other two practitioners slide their arms either up to the mid-back or down to the buttocks as appropriate
☐	The other practitioner places other arm under calves
☐	Practitioners slide patient to edge of bed, as a unit as much as possible
☐	On signal, practitioners lift patient and curl them towards the practitioner's chest
☐	On signal, practitioners rotate the patient and position patient for placement on the stretcher
☐	On signal, patient is gently lowered onto the stretcher
☐	Patient movement is accomplished using proper body mechanics
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Direct Ground Lift **Description:** A non-urgent move used to transfer a patient from one area to another such as a stretcher or bed. This move is only appropriate for patients who have **NO SUSPECTED SPINAL INJURY**. Appropriate for two or three practitioners	
☐	Practitioners will kneel on one knee (preferably the same for all practitioners), all on the same side of the patient
☐	Practitioners will place and secure, if appropriate, the patient's arms on the patient's chest
☐	Practitioner at head will place one arm under the patient's neck and shoulder to cradle the patient's head
☐	Practitioner at head will place the other arm under the patient's lower back. **NOTE:** If a third practitioner is available, he/she should place both arms under the patient's waist and the other two practitioners slide their arms either up to the mid-back or down to the buttocks as appropriate
☐	Second practitioner will place one arm under the patient's knees
☐	Second practitioner places other arm under the patient right above the buttocks
☐	On signal, the practitioners lift the patient to their knees and roll the patient in toward their chests
☐	On signal, the practitioners stand and move the patient as needed
☐	To lower the patient, the steps are reversed
☐	Proper body mechanics are used when lifting and/or moving the patient
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Draw Sheet Move

Description: Non-urgent move that can be used to transfer a supine patient from a bed to a stretcher or vise versa. Can be accomplished with two or more practitioners.

☐	Practitioners will loosen the bottom bed sheet (under the patient).
☐	Practitioners will prepare stretcher for patient (unbuckle straps, remove items, etc.).
☐	Practitioners will position the stretcher next to the bed.
☐	Practitioners will grasp the sheet firmly allowing for control of the patient's head and body throughout the move. **NOTE**: Exact practitioner placement is dependent upon patient size, location, and number of practitioners available. Two practitioners can either be on the same side (patient's head, chest, hips & knees) or one on each side of the bed supporting the sheet at the neck and hip area. Three practitioners would allow one to control the head and neck with the other two guiding the patient's body
☐	On signal, practitioners will gently slide the patient onto the stretcher
☐	Patient movements are accomplished using appropriate body mechanics
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Application of Scoop Stretcher **Description:** Scoop stretcher is NOT adequate when used alone for standard immobilization of a spinal injury, but may be used as an adjunct to move a patient with a suspected spinal injury onto a long spine board.	
☐	Practitioner unfolds the scoop stretcher, if necessary
☐	Practitioner adjusts the length as needed by sliding lower end out of upper end and locking it into position with lock pegs
☐	Separate both halves of scoop stretcher by grasping head part of stretcher and depressing catch device, apply outward pressure
☐	Repeat step 3 for foot end of scoop stretcher
☐	Place one half of the scoop stretcher on each side of the patient's body without passing the parts over the patient. Place the scoop blades toward patient and head end at patient's head
☐	Place half of scoop stretcher under patient. Be careful not to pinch the patient
☐	Place other half of scoop stretcher under patient, foot end first
☐	Lock the lower end of the scoop stretcher together by securing the latch (be careful not to pinch the patient).
☐	Place the upper end of the second half of the scoop stretcher under the patient with the assistance of a second practitioner or bystander (to gently roll the patient), if needed
☐	Lock the upper part of the scoop stretcher together being careful not to pinch the patient
☐	Secure patient to the scoop stretcher - minimum of two appropriately placed straps or other securing device
☐	Device is lifted using proper body mechanics
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

Skill: Lifting And Moving Patients – Flexible Stretcher **Description:** There are multiple makes of flexible stretchers available for EMS use. Follow manufacturer's recommendations when dealing with any make or model device.	
☐	Patient is placed onto the flexible stretcher. • If spinal injury is suspected, patient should be immobilized to a long spine board with cervical collar applied. Patient can then be lifted by the backboard and placed on the center of the stretcher. • If no spinal injury is suspected, patient can be log rolled onto the stretcher and then slid to the center.
☐	Sides of the stretcher are drawn up around the patient and straps are secured
☐	Practitioner will tighten the built-in straps. Straps should be tight enough to not allow the patient to move while in the stretcher, but not impinge on breathing
☐	Two, four, or six practitioners can be used to carry the device: • If two practitioners - one at the head and one at the feet. • If four practitioners - one each side of both head and feet. • If six practitioners - one each side at head, waist, and feet.
☐	Practitioners will kneel on one knee, preferably all the same knee, and grasp the handle build into the device
☐	Upon signal, practitioners will stand, lifting the stretcher to arms length height
☐	Stretcher is lowered, upon signal, by kneeling
☐	Proper body mechanics are used throughout the procedure
CRITICAL CRITERIA	
☐	Moves patient in a safe and effective manner
☐	Prevents further aggravation/injury to patient
☐	Prevents injury to self by using proper body mechanics throughout the move

AIRWAY

Skill: Airway – Oropharyngeal (Oral) Airway **Description:**	
☐	Practitioner will take appropriate body substance isolation precautions
☐	If there is significant mechanism of injury, maintain c-spine stabilization throughout
☐	Determine that the patient is unconscious, unable to maintain airway and has no gag reflex
☐	Practitioner will select proper size oral airway by either measuring from the corner of the mouth to the bottom of the angle of the jaw or, if rotated to the tip of the earlobe
☐	Practitioner will open the patient's mouth with the crossed finger technique. • Practitioner will insert the airway upside down into the patient's mouth until resistance is met as the airway approaches the posterior wall of the pharynx. • The practitioner will then rotate the airway (180') so that it comes to rest with the flange on the patient's lips or teeth. • If at anytime the patient gags or coughs remove the oral airway and consider a nasopharyngeal airway
Alternate Method (preferred for infants and children)	
☐	Practitioner may use a tongue depressor to hold the tongue down and forward and out of the airway while inserting the airway right side up until the flange comes to rest on the patient's teeth or lips. If at anytime the patient gags or coughs remove the oropharyngeal airway and consider a nasopharyngeal airway
☐	After insertion, place the non-traumatic patient in the maximum head tilt position
☐	Practitioner will insure that the procedure has resulted in an adequately opened airway, by reassessing respirations
☐	Provide high flow oxygen, and ventilate as needed
CRITICAL CRITERIA	
☐	Takes body substance isolation precautions
☐	Determines that the patient is unable to maintain an open airway and is unresponsive
☐	Correctly measures oropharyngeal airway

☐	Correctly inserts oropharyngeal airway
☐	Able to maintain a patent airway, once adequately opened with oropharyngeal airway
☐	Monitors patient respiratory effort

Skill: Airway – Nasopharyngeal (Nasal) Airway **Description:**	
☐	Practitioner will take appropriate body substance isolation precautions
☐	Practitioner will determine that the patient is unable to maintain an open airway
☐	Practitioner will measure the correct size of the airway by measuring from the tip of the nose to the earlobe or from the tip of the nose to the angle of the jaw
☐	Practitioner will lubricate the airway with sterile water-soluble jelly
☐	Practitioner will **GENTLY** insert the airway with the bevel (angled portion of the tip) pointing towards the base of the nostril or toward the septum. • Rotating the airway from side to side may make the insertion easier
☐	Practitioner will stop advancing the airway if resistance is met. The practitioner can attempt insertion into the other nostril if needed. Practitioner will reapply lubrication
☐	Practitioner will stop advancing airway when the proximal ring has come in contact with the nostril
☐	Practitioner will stop advancing and remove the airway if the patient at anytime begins to cough and has signs of a gag reflex
☐	Practitioner ensures that the procedure has resulted in an adequately open airway, by reassessing respiratory efforts once airway is opened with nasopharyngeal airway
☐	Practitioner will then provide high flow oxygen and ventilate as necessary
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Determines that the patient is unable to maintain an open airway
☐	Correctly measures nasopharyngeal airway
☐	Fully inserts the airway, bevel pointing towards the base of the nostril or toward the septum
☐	Maintains a patent airway, once adequately opened with nasopharyngeal airway
☐	Monitors patient respiratory effort

Skill: Airway – Oxygen Setup/Teardown **Description:**	
☐	Practitioner will identify the contents of the cylinder by checking the label or tag, and the color of the cylinder. If the cylinder has a protective seal the practitioner will remove it
☐	Practitioner will evaluate the cylinder and regulator for damage. Practitioner will evaluate the valve area to make sure it is free from foreign material and grease. • If damage is found or there is dirt in the valve, it should be labeled and placed aside until maintenance can be performed
☐	Practitioner will quickly open and close the valve to remove any dust or debris from the orifice. The valve must be turned away from practitioner, anyone else and any equipment for safety
☐	Practitioner will select the correct regulator, making sure that a gasket is in place between the regulator and the valve and the index pins match the holes in the cylinder valve. Practitioner will hand tighten the regulator to complete the seal
☐	Practitioner will open the valve of the oxygen cylinder and observe gauge on the regulator to ensure adequate pressure. • If a leak is heard the practitioner will shut off the oxygen cylinder and remove the regulator. Practitioner will then repeat the previous two steps
☐	Practitioner will open the regulator to ensure adequate flow
To discontinue administration	
☐	Practitioner will close the regulator
☐	Practitioner will close the valve on the oxygen cylinder
☐	Practitioner will then bleed the regulator by opening the flow-meter valve until the flow has stopped and the gauge indicates zero pressure
☐	Practitioner will then close the flow-meter valve and remove regulator from the oxygen cylinder
CRITICAL CRITERIA	
☐	Practitioner selects appropriate equipment
☐	Practitioner ensures minimum of 500 psi in cylinder
☐	Practitioner safely completes all steps in the setup of the oxygen system to ensure adequate oxygen administration
☐	Practitioner safely completes all steps in the teardown

Skill: Airway – Nasal Cannula **Description:**	
☐	Practitioner will take appropriate body substance isolation precautions
☐	Practitioner will attach the nasal cannula tubing to the nipple of the regulator and adjust the flow rate between 1/lpm and 6/lpm. Practitioner will ensure that oxygen is flowing through the cannula by listening and feeling for oxygen movement
☐	Practitioner will apply nasal cannula by inserting the two nasal prongs into the patients nostrils ensuring that the prongs curve downward toward the patient then bring the tubing of the nasal cannula over the patients' ears and the remainder under the chin and secure in place with the plastic adjuster.
To discontinue use	
☐	Practitioner will remove the cannula from the patient
☐	Practitioner will turn off the flowmeter
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Selects appropriate equipment
☐	Oxygen flow rate is set between 1/lpm and 6/lpm
☐	Applies the nasal cannula with prongs pointing in
☐	Monitors patient respiratory effort
☐	Practitioner correctly discontinues use of nasal cannula

Skill: Airway – Non-Rebreather Face Mask **Description:**	
☐	Practitioner will take appropriate body substance isolation precautions
☐	Practitioner selects appropriate size non-rebreather mask
☐	Practitioner attaches the non-rebreather mask to the nipple of oxygen regulator and sets the Flowmeter between 12/lpm to 15lpm
☐	Practitioner uses finger to cover the rubber gasket until the reservoir bag is filled
☐	Practitioner places the mask over the patients' nose and mouth and place the elastic strap around patient's head and tightens the strap. Practitioner will then mold the metal nosepiece to the patient's nose
☐	Practitioner may consider letting the claustrophobic patient hold the mask on face to help in calming patient down
To discontinue use	
☐	Practitioner will remove the mask from the patient
☐	Practitioner will turn off the flowmeter
☐	Practitioner will shut down the oxygen cylinder valve
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Selects appropriate size non-rebreather mask
☐	Oxygen flow rate set between 12/lpm and 15/lpm
☐	Correctly applies the mask and maintains proper seal
☐	Monitors patient respiratory effort
☐	Ensures continuous oxygen supply to device
☐	Practitioner correctly discontinues use of non-rebreather

Skill: Airway – Bag-Valve-Mask (BVM) **Description:**	
☐	Practitioner(s) take appropriate body substance isolation precautions
☐	Practitioner chooses appropriate BVM size (adult, child, infant), and assembles to manufacturers standards
☐	Practitioner attaches the BVM to supplemental oxygen (15/lpm or greater) as soon as available
☐	Practitioner if possible positions self at the head of the patient and will open the airway by either using head-tilt or if spinal injury suspected, jaw thrust. • Insert oral or nasal airway to assist in maintaining open airway if available. • Ventilation should not be delayed if oral or nasal airway not available
☐	Practitioner while maintaining an open airway will seal the mask. • If alone, practitioner will place the mask and form a C around the ventilation port with thumb and forefinger, uses middle, ring and little finger under jaw to maintain chin-lift. • With two practitioners, one will seal the mask by positioning thumbs over top part of mask, index and middle fingers over the bottom half and then uses the ring and little fingers to grasp the mandible and maintain the open airway. • If additional practitioner available s/he will provide continuous cricoid pressure during ventilation.
☐	Practitioner will then ventilate the patient at the desired breaths per minute. Ventilations should be delivered at a minimum of once every 5 seconds in adults and once every 3 seconds in children. One breath should be delivered over 2 seconds in adults. • If needed, the practitioner can squeeze the bag against his/her thigh for increased volume
☐	Practitioner will observe that there is adequate chest rise during ventilation
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Selects appropriate equipment
☐	Maintains proper face/mask seal
☐	Oxygen flow rate set at 15/lpm or greater
☐	Maintains patent airway
☐	Appropriately monitors patient respiratory effort and adequacy of ventilation

Skill: Airway – Suction **Description:**	
☐	Practitioner applies full body substance isolation precautions
☐	Practitioner assembles equipment and checks that it's operational. • Suction unit may remain on during the entire skill.
☐	Practitioner determines the need to suction the patient's airway. Practitioner opens the airway with cross-finger technique and removes oral airway if needed
☐	If patient has large amounts of secretions that cannot be removed quickly by suction, the pt should be log rolled onto side and the oropharynx should be cleared. If CPR, compressions need to be stopped until log roll is completed
☐	Practitioner chooses the correct catheter, puts it onto the suction tube and runs water through it by placing the catheter tip in the water. • Rigid catheter is better suited for suctioning gastric contents and thick secretions. Soft or "French" catheters are long and flexible and ideal for nasal suctioning.
☐	Practitioner will insert the catheter no further than the base of the tongue and will suction on withdrawal no longer than 15 seconds. Practitioner moves the catheter from side to side in the oral cavity. • Allow a few seconds between suctions. If necessary ventilate between suctions. • Continued suction attempts without periods of rest can cause hypoxia. • If patient produces frothy secretions as rapidly as suctioning can remove, suction for • 15 seconds, artificially ventilate for two minutes, then suction for two minutes and continue in this manner.
☐	It is common for the suction catheter to become clogged. If this occurs place the tip into water and clear the tube
☐	Practitioner will insert /reinsert oral airway as needed
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Correctly measures suction catheter
☐	Turns on equipment, prepares tubing and tip. Tests for presence of suction
☐	Inserts suction catheter into mouth (only as far as practitioner can see) and applies suction only while withdrawing the catheter

PATIENT ASSESSMENT

Skill: Patient Assessment – Scene Size-Up **Description:**	
☐	Uses appropriate body substance isolation precautions

☐	Evaluate the scene for existing or potential hazards to determine scene safety
	• Is the scene safe?
	  o Safe—you may enter
	  o Unsafe—do not enter scene until it is safe
	  ▪ Control scene ***OR***
	  ▪ Correct hazards ***OR***
	  ▪ Move patient to safe location

☐	Determine Mechanism of Injury (MOI) for trauma patient or Nature of Illness (NOI) for medical patient • If the responding crew can manage the situation, consider cervical spine precautions and continue care
☐	Determine the total number of patients at the scene
☐	Determine if additional resources are needed to effectively manage the scene ***AND/OR*** the patient
☐	Proceed to Initial Assessment (next page)
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation precautions
☐	Correctly identifies hazards and takes appropriate action to handle or react to a hazard
☐	Determines **MOI** or **NOI**
☐	Evaluates need for additional resources

Skill: Patient Assessment – Initial Assessment **Description:**	
Form a General Impression of the patient's condition by considering the following	
☐	Consider Mechanism of Injury (**MOI**) or Nature of Illness (**NOI**)
☐	Consider patients age, sex, & race
☐	Obtain patient's chief complaint
☐	Assess for life threatening condition: • If a life threatening condition is found, treat immediately • If no life threatening conditions are found, proceed to the next step
☐	Determine if trauma or medical patient • Trauma patient—if spinal injury suspected establish in line stabilization • Medical patient—proceed to next step (mental status)
☐	Assess mental status (AVPU) • **A**lert • Responds to **V**erbal stimuli • Responds to **P**ainful stimuli • **U**nresponsive, no gag or cough

☐	Assess **A**irway status
	• Is airway open?
	  o Open
	  ▪ If patient is unresponsive insert appropriate ventilatory adjunct
	  • Correctly sized oral airway, if no gag reflex
	  • Correctly sized nasal airway, if gag reflex
	  o Closed
	  ▪ Open airway
	  • If spinal injury suspected, use modified jaw thrust
	  • If no spinal injury suspected, use head tilt-chin lift
	  ▪ Insert appropriate ventilatory adjunct
	  • Correctly sized oral airway, if no gag reflex
	  • Correctly sized nasal airway, if gag reflex

☐ Assess **B**reathing status (Look, Listen, Feel for breathing– is it present and is it adequate?)

- Adequate breathing = adequate rate ***AND*** adequate tidal volume. If breathing is adequate and patient is responsive, oxygen may be indicated
  - Administer high flow oxygen
- Inadequate breathing = inadequate rate ***OR*** inadequate tidal volume
  - Additional signs of inadequate breathing
    - Retractions at the suprasternal notch, intercostal spaces or supraclavicular spaces
    - Use of neck muscles on inhalation
    - Nasal flaring
    - Excessive abdominal muscle use
    - Tripod positioning
    - Tracheal tugging
    - Pale, cool, clammy skin
    - Cyanosis
    - Asymmetrical movement of the chest wall
    - Pulse oximeter reading of less than 95%
  - Begin positive pressure ventilation with supplemental oxygen

☐ Assess **C**irculation

- Assess patient's pulse
  - If patient is > 1 year old, assess circulation by feeling for a radial pulse
    - If pulse present, continue to next step
    - If no radial pulse is felt, palpate carotid pulse
    - If no carotid pulse felt, or in child 1 year of age to puberty pulse rate is < 60 bpm with signs of poor perfusion, start CPR and apply AED, if available
  - If patient is ≤ 1 year old, assess circulation by feeling for a brachial pulse
    - If pulse present, go to the next step
    - If no brachial pulse felt or if pulse rate is < 60 bpm with signs of poor perfusion, start CPR

☐ Assess the patient for major bleeding

- If major bleeding is present, control bleeding.

☐ Assess the patient's perfusion by evaluating skin **C**olor and **T**emperature

☐ Assess skin color by looking at the nail beds, lips and eyes.

NORMAL	ABNORMAL	
Pink	Pale	Cyanotic or blue-gray
	Flushed or red	Jaundice or yellow

☐ Assess patient's skin temperature by feeling the skin.

NORMAL	ABNORMAL	
Warm	Hot	Cold
	Cool	Clammy – cool & moist

☐ Assess patient's skin **C**ondition (the amount of moisture on the skin)

Normal	Abnormal
Dry	Moist or Wet

☐ If patient < 6 years old, assess capillary refill

Normal	Abnormal
< 2 seconds	> 2 seconds

☐ Identify priority patients.

Consider:

- Poor general impression
- Unresponsive with no gag reflex or cough
- Responsive but unable to follow commands
- Difficulty breathing
- Exhibiting the signs and symptoms of shock
- Complicated childbirth
- Chest pain with systolic blood pressure of less than 100
- Uncontrolled bleeding
- Severe pain anywhere

☐ If priority patient, expedite transport of patient and consider ALS intercept or back up

☐ Proceed to the appropriate focused history and physical examination

CRITICAL CRITERIA

☐ Identifies and assumes spinal stabilization, if indicated

☐ Determines Mental Status

☐ Determines Airway Status

☐ Determines Breathing Status

☐ Determines Circulation Status

☐ Determines Patient's Priority Status

Skill: : Patient Assessment – Focused History & Physical Exam (Trauma) **Description:**	
☐	Reconsider Mechanism of Injury
☐	Classify patient due to the significance of **MOI** or clinical findings • If significant **MOI** ***OR*** Multiple injuries ***OR*** Altered Mental Status, perform rapid trauma assessment to determine life threats
☐	Continue spinal stabilization
☐	Consider ALS request (if not already requested).
☐	Reconsider transport decision
☐	Assess mental status
Perform Rapid Trauma Assessment (**DCAP-BTLS** = **D**eformities, **C**ontusions, **A**brasions, **P**unctures/Penetrations-**B**urns, **T**enderness, **L**acerations, **S**welling)	
☐	Assess head - **DCAP-BTLS** • Crepitation
☐	Assess Neck - **DCAP-BTLS** • Injury or sign of injury • Jugular vein distention (JVD) or tracheal deviation • Crepitation • Apply c-collar

☐	Assess chest - **DCAP-BTLS**
	• Paradoxical motion
	• Crepitation
	• Breath sounds
	  o Present
	  o Absent
	  o Equal

☐	Assess abdomen - **DCAP-BTLS** • Firm • Soft • Distended

☐	Assess pelvis - **DCAP-BTLS** • If no pain noted, gently compress the pelvis to determine tenderness or motion
☐	Assess extremities (all four) - **DCAP-BTLS & PMS** • Distal **P**ulse • **M**otor function • **S**ensation
☐	Roll patient with spinal precautions and assess posterior body
☐	Assess baseline vital signs (could be done in transit for priority patients) • Breathing • Pulse • Skin • Pupils • Blood Pressure
☐	Assess **SAMPLE** history (could be done in transit for priority patients). • **S**igns/Symptoms • **A**llergies • **M**edications • **P**ertinent Past Medical History • **L**ast Oral Intake • **E**vents Leading to Injury
☐	Transport to appropriate facility
☐	Perform detailed physical exam
☐	Perform ongoing assessment
If no significant **MOI** (i.e. cut finger) ***OR*** Multiple injuries ***OR*** Altered Mental Status, perform appropriate focused history and physical exam	
☐	Use components of rapid assessment that are specific to the injury site
☐	Assess baseline vital signs (could be done in transit for priority patients) • Breathing • Pulse • Skin • Pupils • Blood Pressure

☐	Assess **SAMPLE** history (could be done in transit for priority patients). • **S**igns/Symptoms • **A**llergies • **M**edications • **P**ertinent Past Medical History • **L**ast Oral Intake • **E**vents Leading to Injury
☐	Transport to appropriate facility
☐	Perform ongoing assessment
CRITICAL CRITERIA	
☐	Assess Mental Status
☐	Performs appropriate Trauma Assessment • Rapid Trauma Assessment ***OR*** • Focused History and Physical Exam of Chief Complaint
☐	Assesses baseline Vitals signs
☐	Performs a SAMPLE history assessment
☐	Selects appropriate treatment/transport inventions
☐	Performs Ongoing Assessment

Skill: : Patient Assessment – Focused History & Physical Exam (Medical) **Description:**	
☐	Reassess mental status
If patient is responsive	
☐	Assess complaints plus signs and symptoms (**OPQRST**) • **O**nset • **P**rovocation • **Q**uality • **R**adiation • **S**everity • **T**ime
☐	Obtain **SAMPLE** history • **S**igns/Symptoms • **A**llergies • **M**edications • **P**ertinent Past Medical History • **L**ast Oral Intake • **E**vents Leading to Injury
☐	Perform a focused medical assessment • Assess head, if necessary • Assess neck, if necessary • Assess chest, if necessary • Assess abdomen, if necessary • Assess pelvis, if necessary • Assess extremities, if necessary • Assess posterior, if necessary
☐	Assess baseline vitals • Breathing • Pulse • Skin • Pupils • Blood pressure
☐	Provide emergency medical care based on assessment findings • Consult medical command, as needed
☐	Make a transport decision • Consult medical command, as needed

If patient is unresponsive	
☐	Perform a Rapid Medical Assessment (same as Rapid Trauma Assessment)
☐	Assess baseline vitals • Breathing • Pulse • Skin • Pupils • Blood pressure
☐	Position patient to protect airway
☐	Obtain **SAMPLE** history from bystanders, family, friends, if possible • **S**igns/Symptoms • **A**llergies • **M**edications • **P**ertinent Past Medical History • **L**ast Oral Intake • **E**vents Leading to Injury
☐	Make a transport decision • Consult medical command, as needed
CRITICAL CRITERIA	
☐	Assess Mental Status
☐	Performs appropriate Trauma Assessment
☐	Responsive patient, **OPQRST**, **SAMPLE** History and Focused Medical Assessment
☐	Unresponsive patient, Rapid Medical Assessment
☐	Assess baseline vital signs
☐	Selects appropriate treatment/transport intervention(s) based on the assessment

Skill: : Patient Assessment – Detailed Physical Exam

Description: The detailed physical exam is essentially the same as the rapid trauma examination except more detailed and looking not just for immediate life threats but all injuries, including minor injuries. It is used to gather additional information on certain patients, primarily while en route to the medical facility. Not all patients will require a detailed physical exam. (If patient has only minor injuries, e.g. cut finger would not require a detailed physical exam)

☐	Assess mental status
☐	Perform components of detailed physical exam based on patient's injuries and complaints
☐	Reassess vital signs
Perform detailed physical exam (**DCAP-BTLS**) all the following areas plus:	
☐	Assess the head • Crepitation
☐	Assess the face
☐	Assess the ears • Drainage
☐	Assess the eyes • Discoloration • Unequal pupils • Foreign bodies • Blood in anterior chamber
☐	Assess the nose • Drainage • Bleeding
☐	Assess the mouth • Teeth • Obstruction • Swollen or lacerated tongue • Odors • Discoloration
☐	Assess the neck • JVD or tracheal deviation • Crepitation
☐	Assess the chest • Crepitation

	• Paradoxical motion • Breath sounds
☐	Assess the abdomen • Firm • Soft • Distended
☐	Assess the pelvis • If no pain noted, gently compress the pelvis to determine tenderness or motion
☐	Assess the extremities (PMS) • Distal **P**ulses • **M**otor function • **S**ensation
☐	Assess the posterior
☐	Reassess vital signs
☐	Perform ongoing assessment
CRITICAL CRITERIA	
☐	Reassess mental status
☐	Perform appropriate components of detailed physical exam
☐	Initiate appropriate treatment based upon findings of the detailed physical exam
☐	Reassess vital signs
☐	Perform ongoing assessment

Skill: : Patient Assessment – On-Going Assessment **Description:** The on-going assessment is done on all patients, unlike the detailed physical exam. It is completed periodically during transport of the patient to a medical facility	
☐	Repeat the initial assessment • Stable patient—repeat and record every 15 minutes • Unstable/Priority patient-repeat and record every 5 minutes
☐	Reassess mental status
☐	Reassess airway – is it open? Is it adequate? • Monitor breathing o Rate o Quality
☐	Reassess pulse – is it present? Is there any bleeding? • Monitor pulse o Rate o Quality • Check for bleeding (if appropriate)
☐	Monitor skin CTC • Skin **C**olor • Skin **T**emperature • Skin **C**ondition
☐	Reestablish patient priorities
☐	Reassess vital signs.
☐	Repeat focused assessment regarding patient's complaint or injuries
Checks interventions:	
☐	Assure adequacy of oxygen delivery / artificial ventilation
☐	Assure management of bleeding
☐	Assure adequacy of other interventions

CRITICAL CRITERIA	
☐	Recognizes patient is stable or unstable
☐	Repeat initial assessment
☐	Reassess vital signs (every 5 minutes for unstable patients, every 15 minutes for stable patients)
☐	Check interventions

MEDICATION ADMINISTRATION

Skill: Medication Administration – Patient Assisted Inhalers **Description:**	
☐	Perform a focused history and physical exam on the patient
☐	Assess vital signs, unless patient is in severe distress
☐	Assure the following: • Right Patient • Right Medication • Right time • Right Dose (1 or 2 puffs) • Right Route
☐	Check Expiration Date
☐	Assure "short acting, rapid onset" bronchodilator per protocol 421 (Contact Medical Command as needed)
☐	Previous doses prior to EMS arrival do not exclude EMS assisting patient, per protocol
☐	Make sure inhaler is at room temperature or warmer
☐	Shake inhaler vigorously several times
☐	Remove oxygen adjunct from patient
☐	Have the patient exhale deeply
☐	Have the patient put their lips around the opening of the inhaler **NOTE:** If patient has a spacer device with the inhaler, it should be used. A spacer device attaches between inhaler and patient that allows more effective use of medication
☐	Have the patient depress the handheld inhaler as he begins to inhale deeply
☐	Instruct the patient to hold their breath for as long as they comfortably can
☐	Replace oxygen on the patient
☐	Record time of administration

☐	Reassess the patient: • Did patient get any relief from the inhaler? • Vitals within 2-5 minutes after administration
☐	Contact Medical Command after first assisted administration
CRITICAL CRITERIA	
☐	Checks the 5 Rights and the expiration date prior to administration of medication
☐	Administers medication
☐	Record time of administration
☐	Reassesses, including vitals, 2-5 minutes after medication administration
☐	Contacts Medical Command after administration of medication

Skill: Medication Administration – Patient Assisted Nitroglycerin **Description:**	
☐	Perform a focused history and physical exam on the patient
☐	Assess Vitals, unless patient is in severe distress
☐	Assure the following or contact Medical Command before administering Nitroglycerin • B/P is above 100 mm/Hg systolic • Patient has not taken Viagra or similar medication for erectile dysfunction within the last 24-48 hours
☐	Assure the following: • Right Patient • Right Medication • Right Dose • Right Time • Right Route
☐	Check expiration date
☐	Question patient on last dose administered and effects
☐	Confirm patient has not taken any erectile dysfunction class medications (i.e. Viagra, Cialis, Levitra) in previous 24-48 hours
☐	Ask patient to lift tongue and place tablet or spray under the tongue (utilize BSI when administering Nitroglycerin) or have patient place tablet or spray under tongue
☐	Direct patient to keep their mouth closed with tablet under tongue (without swallowing) until dissolved and absorbed
☐	Record time of administration
☐	Reassess the patient to include: • Did the patient get any relief from the Nitro? • Vitals within 2-5 minutes after administration
☐	Contact Medical Command after first assisted administration

CRITICAL CRITERIA	
☐	Assures B/P >100 systolic prior to administering Nitroglycerin
☐	Assures patient has not used any of erectile dysfunction medications in previous 24-48 hours
☐	Checks the 4 Rights and the expiration date prior to administration of medication
☐	Administers medication appropriately per protocol
☐	Records time of administration
☐	Reassesses, including vitals, 2-5 minutes after medication administration
☐	Contacts Medical Command after administration of medication

Skill: Medication Administration – Patient Assisted Epinephrine Auto-Injector **Description:**	
☐	Perform a focused history and physical exam on the patient (identifies severe allergic reaction/anaphylaxis)
☐	Assess Vitals, unless patient is in severe distress
☐	Assure the following: • Right Medication • Right Patient • Right Dose (adult 0.3 mg; child 0.15 mg) • Right Route
☐	Check Expiration Date
☐	Check medication for cloudiness or discoloration
☐	Remove safety cap from the injector
☐	Selects the appropriate injection site (lateral portion of the thigh, midway between the waist and knee)
☐	Pushes the injector firmly against the site until the injector activates. Hold the injector in place for 10 seconds
☐	Properly discards auto-injector
☐	Record time of administration
☐	Reassess the patient to include: • Did patient get any relief from the auto-injector? • Vitals taken within 2-5 minutes after administration (may be taken during transport)
☐	Contact Medical Command after first assisted administration
CRITICAL CRITERIA	
☐	Checks the 4 Rights and the expiration date prior to administration of medication
☐	Administers medication appropriately per protocol
☐	Records time of administration

☐	Reassesses, including vital signs, 2-5 minutes after medication administration
☐	Properly disposes Auto-injector in sharps container
☐	Contacts Medical Command after administration of medication

Skill: Medication Administration – Oral Glucose **Description:**	
☐	Perform Initial Assessment
☐	Determine Altered Mental Status
☐	Manage airway and assist ventilations, as necessary
☐	Administer high flow oxygen
☐	Obtain **SAMPLE** History
☐	Assess Vitals
☐	Perform a focused history and physical exam
☐	Assure signs and symptoms of altered mental status with a known history of diabetes
☐	Assure patient is conscious and can swallow and protect their airway
☐	Check expiration date
☐	Administer glucose • Place between cheek and gum (may use a tongue depressor if available) **NOTE:** If patient can't swallow but still has gag reflex, oral glucose may be placed between cheek and gum in small amounts
☐	If patient loses consciousness or starts to seize, remove tongue depressor
☐	Record time of administration
☐	Reassess the patient to include: • Level of consciousness • Vitals
☐	Perform ongoing assessment
☐	Contact Medical Command after first assisted administration

CRITICAL CRITERIA	
☐	Administers medication appropriately per protocol
☐	Checks expiration date prior to administration of medication
☐	Records time of administration
☐	Reassesses, including vitals, after medication administration
☐	Contacts Medical Command after administration of medication

Skill: Medication Administration – Activated Charcoal **Description:**	
☐	Perform a focused history and physical exam
☐	Obtain a **SAMPLE** History
☐	Assess Vitals
☐	Contact Medical Command or Poison Control Center before administering anything by mouth **NOTE:** May only administer activated charcoal if ordered by Medical Command or Poison Control Center. EMS personnel must follow instructions from Poison Control Center unless the orders are superceded by orders from a medical command physician. (Document all orders received from Medical Command and/or Poison Control Center)
☐	Shake the container vigorously
☐	Coach the patient to drink the medication (medication may need to be put in a covered container and a straw used to help patient drink the medication)
☐	If the patient does not drink it immediately, shake or stir it again before administering
☐	Record time of administration
☐	Reassess patient to include vitals
☐	Contact Medical Command after first assisted administration
CRITICAL CRITERIA	
☐	Prior to administering medication, receives orders from Medical Command or Poison Control Center
☐	Administers medication appropriately per protocol
☐	Checks the expiration date prior to administering medication
☐	Records time of administration
☐	Reassesses, including vitals, after medication administration
☐	Contacts Medical Command or Poison Control Center after administration of medication

CHILDBIRTH AND CHILDBIRTH COMPLICATIONS

Skill: Childbirth And Childbirth Complications – Childbirth **Description:**	
Determine the imminence of delivery by patient interview.	
☐	Determine the number of past pregnancies.
☐	Determine complications of past pregnancies.
☐	Determine known complications with the current pregnancy.
☐	Determine the anticipated due date.
☐	Determine how far apart contractions are occurring.
☐	Determine if there has been any bleeding or discharge.
☐	Determine if the patient feels the urge to move her bowels or push.
☐	Explain the need to examine for crowning.
☐	Takes appropriate body substance isolation precautions.
☐	Conduct the examination for crowning in a professional and modest manner. **NOTE**: If delivery is imminent with crowning, prepare for delivery. If delivery does not occur within 10 minutes, contact medical command for permission to transport.
Prepare the patient for delivery	
☐	Position your partner or the patient's labor coach at the patient's head.
☐	Assemble equipment while maintaining a sterile field.
☐	Drape the patient to maintain a sterile field (one drape over each leg and abdomen)
Delivery of the baby	
☐	Place a gloved hand on the baby's head or buttocks as it presents, and exert gentle pressure to prevent an explosive birth. Avoid the infant's "soft spot" or fontanel

☐	Support the baby's head as it delivers
☐	If the amniotic sac has not broken, use a clamp or other dull instrument to puncture it and clear it from the baby's head and mouth as it appears
☐	Check to see if the cord is around the baby's neck. If it is, gently loosen it and slip it over the head or shoulder if unable to slip it overhead. If this is unsuccessful, the cord will need to be clamped in two places and cut between the clamps to free the baby's neck.
☐	Clear the baby's mouth and nose of body fluids using a bulb syringe. **NOTE**: Compress the syringe prior to inserting it in the baby's mouth or nose. Avoid contacting the back of the mouth with the syringe
☐	Support the shoulders and head during delivery
☐	Document the time of delivery of the baby and placenta
Post-partum management	
☐	Wrap the baby in a blanket and place the baby on his/her side with head lowered to allow drainage of body fluid from the mouth and nose, and maintain the airway. Keep baby at the same level as mother's vagina to prevent blood from returning through the umbilical cord to the placenta
One practitioner should:	
☐	Wipe mucous from baby's face with sterile gauze, suction mouth and nose with a bulb syringe
☐	Dry the baby with a clean towel and bundle appropriately for weather—keep the head covered. Babies can become hypothermic very quickly
☐	Provide tactile stimulation including suctioning and drying the baby. This should stimulate breathing. You may also need to rub the back or flick the soles of the feet
☐	When the cord pulsation stops, clamp or tie the cord approximately four (4) finger widths from the baby. A second clamp or tie is secured two inches further away from the baby than the initial clamp. The cord is then cut between the two clamps or ties
☐	Determine the baby's **APGAR** score 1 minute and 5 minutes following birth

AREA OF ACTIVITY	APGAR SCORE		
	2	1	0
Appearance	Entire infant is pink	Body is pink, but hands and feet remain blue	Entire infant is blue or pale
Pulse	More than 100 beats/minute	Fewer than 100 beats/minute	Absent pulse
Grimace or Irritability	Infant cries and tries to move foot away from finger snapped against it's sole	Infant gives a weak cry in response to stimulus	Infant does not cry or react to stimulus
Activity or Muscle Tone	Infant resists attempts to straighten out hips and knees	Infant makes weak attempts to resist straightening	Infant is completely limp, with no muscle tone
Respiration	Rapid respirations	Slow respirations	Absent respirations

The other practitioner should:	
☐	Assist with the delivery of the placenta
☐	The mother will feel contractions as the placenta prepares to deliver — Encourage her to push. As the placenta delivers, wrap it in a towel and place it in a plastic bag. The placenta must be transported to the hospital with the mother. Never pull the umbilical cord to try to force the placenta to deliver
☐	After the placenta has delivered, place a sterile/sanitary napkin over the vaginal opening and place the mother in the left lateral recumbent position
☐	If hemorrhaging begins, uterine massage may help stop the bleeding. (Up to 500mL blood loss is normal)
☐	Begin transport and notify the hospital as soon as possible
CRITICAL CRITERIA	
☐	Uses appropriate body substance isolation precautions
☐	Recognizes when a “childbirth complication” situation happens and takes appropriate actions
☐	Ensures adequately open airway for mother and infant
☐	Transports patients in a timely manner, even if placenta has not yet delivered

Skill: Childbirth And Childbirth Complications – Childbirth Complications **Description:** Appropriate body substance isolation precautions should be taken in all of the situations described below.	
Prolapsed Cord	
☐	Place the mother in a position that removes pressure from the cord (head down and/or pelvis elevated).
☐	Administer high flow oxygen (15 /lpm via NRB) to mother
☐	Encourage mother to pant and not push through contractions
☐	With gloved hand, insert several fingers into the vagina to gently push the baby off the cord to maintain cord pulsations. Do not attempt to replace the cord in the vagina
☐	Maintain this position enroute to the hospital
☐	If any portion of the cord is visible outside the vagina, apply moist sterile dressings to the cord
☐	Transport the patient to the hospital immediately
Limb Presentation	
☐	Place the mother in head down position with pelvis elevated
☐	Place the mother on high flow oxygen (15/lpm via NRB).
☐	Transport the patient to the hospital immediately
Multiple Births **NOTE:** Delivery is assisted in the same way as other births with the following considerations: Multiple births have a higher rate of associated complications than single births	
☐	Call for assistance and be prepared for more than one resuscitation. **NOTE**: Consider oxygen application
☐	After delivery of the first infant, when the cord stops pulsating, clamp or tie and cut the umbilical cord
☐	When contractions begin again, usually within 5-10 minutes of the first delivery, assist the delivery of the subsequent infant(s) as usual

☐	When the cord stops pulsating, clamp or tie and cut the umbilical cord of the second infant
☐	Provide maternal care as for a single birth. **NOTE: Keep in mind that premature or low birth weight babies are common in multiple births**
Meconium	
☐	Do not stimulate the baby to breathe before suctioning the oropharynx
☐	Suction as soon as possible
☐	Maintain on open airway
☐	Transport as soon as possible
Premature Birth **NOTE:** Premature births (less than 38 weeks gestation or 5.5 lbs.) have a higher rate of complications than full-term births	
☐	Keep the infant warm. Make sure to dry and wrap the baby in a blanket. NOTE: **Consider oxygen application**
☐	Suction as needed
☐	Monitor the umbilical cord to assure that there is no bleeding. If there is bleeding, place an additional clamp on the cord closer to the infant
Childbirth Complications - Breech Birth	
☐	Place the mother in a position that removes pressure from the cord (head down and/or pelvis elevated).
☐	Administer high flow oxygen (15 L/min) to mother
☐	Begin transport, notify the hospital immediately, and watch for a prolapsed cord
If delivery begins, and the head fails to deliver	
☐	Place a gloved hand into the patient's vagina with your palm facing the baby's face. Make a "V" with your index and middle fingers on either side of the baby's nose. Push the vaginal wall away from the baby's face until the head delivers. Do not hyperextend the baby's head while pushing the vaginal wall away from the face. If the head does not deliver, transport immediately. Do not attempt to force delivery by pulling on the trunk or legs of the infant

CRITICAL CRITERIA	
☐	Uses appropriate body substance isolation (BSI) precautions
☐	Recognizes a childbirth complication
☐	Appropriately manages a childbirth complication
☐	Recognizes a “load and go” situation and takes appropriate actions
☐	Ensures adequately open airway for mother and infant
☐	Transports patients in a timely manner, even if placenta has not yet delivered

SPLINTING

Skill: Splinting – General Principles **Description:** Treatment for **P**ainful **S**wollen **D**eformities (**PSD**'s)	
☐	Practitioner will conduct an initial assessment
☐	Practitioner will start a focused trauma assessment, which may be interrupted for any life or limb threatening injuries found
☐	Practitioner will expose the injury and check for pulse, motor function and sensory (**PMS**) impairment distal to the injury
☐	Practitioner will align the injury with gentle traction, if severe deformity is noted ***OR*** the distal extremity is cyanotic ***OR*** lacks pulses **NOTE:** If the injury is a "joint injury", the extremity should not be straightened unless cyanotic and/or pulseless and no resistance is met.
☐	Practitioner will determine appropriate splinting material and prepare it for use (pad as needed)
☐	Practitioner will immobilize the appropriate area • Long bones—Joint above and below • Joint injury—Long bone above and below • Hand and foot—Position of function
☐	Practitioner will secure the splint to the injury area using materials applied firmly but not so tightly that circulation is impaired
☐	Practitioner will re-assess pulse, motor function and sensation (**PMS)** after splint is applied
☐	Practitioner will treat the patient for hypoperfusion (including administration of high flow oxygen 15/lpm via NRB)
☐	Practitioner will apply cold pack(s) to the area to reduce swelling
☐	Practitioner will complete focused assessment, treat as appropriate and package the patient for transport
CRITICAL CRITERIA	
☐	Manual stabilization for isolated multi-system injury
☐	Assesses **PMS**
☐	Selects and sizes appropriate splinting device

☐	Splints the bones above and below the joint injury or the joints above and below a bone injury
☐	Correctly applies splinting device
☐	Re-assesses **PMS**

Skill: Splinting – Rigid (Board) Splints **Description:**	
☐	Assess pulse, motor function and sensation (**PMS**)
☐	Select splint material of appropriate size to immobilize joint ***OR*** long bone above and below the injury
☐	Pad splint, if necessary
☐	First practitioner should gently support the limb and apply slight, steady traction
☐	Second practitioner places splint under, along side or on top of the limb, as appropriate for the injury
☐	Fill all void areas
☐	Secure splint to limb with appropriate bandaging materials
☐	Elevate extremity
☐	Apply cold pack
☐	Treat for shock, if necessary
☐	Reassess pulse, motor function and sensation (**PMS**)
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation (**PMS**) prior to and after application of splint
☐	Rigid splint appropriately applied

Skill: Splinting – Air Splints **Description:**	
☐	Assess injury to include pulse, motor function and sensation (**PMS**)
☐	Select proper size inflatable splint
☐	First practitioner should gently support the limb and apply slight, steady traction
☐	Second practitioner slips the air splint on the extremity and takes over applying light traction
☐	First practitioner properly positions the splint and inflates the splint on the patient's extremity while traction is being maintained
☐	Splint should be inflated to a point where a slight dent can be made with the thumb and it will rise slowly
☐	Elevate the injured extremity
☐	Treat for shock, if necessary
☐	Reassess pulse, motor function and sensation (**PMS**)
☐	Monitor air pressure in splint
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation (**PMS**) prior to or after application of splint
☐	Air splint appropriately applied

Skill: Splinting – Sling And Swathe **Description:**	
Sling	
☐	Assess injured extremity to include pulse, motor function and sensation (**PMS**)
☐	Prepare a triangular bandage
☐	Place the bandage with one end on the uninjured side with the other end hanging down in front of the chest, parallel to the side of the body
☐	Carry the point behind the elbow of the injured side
☐	Carry the second end of the bandage up over the shoulder of the injured arm
☐	Tie ends at the side of the neck (not spine) if necessary
☐	Bring the point of the bandage forward, and pin it to the front of the sling. If no pin is available, twist the point until snug at elbow and tie in a knot
☐	The ends of the fingers should extend beyond the base of the triangular bandage; the hand should be higher than the elbow on the injured side
☐	Reassess pulse, motor and sensation (**PMS**)
Swathe	
☐	Following application of a sling, fold a triangular bandage (More than one may be needed)
☐	Wrap the triangular bandage around the chest and secure by tying on uninjured side of chest
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation (**PMS)** prior to and after application of sling and swathe
☐	Sling and swathe appropriately applied

Skill: Splinting – Immobilization Of A Hip Joint With Board Splints **Description:**	
☐	Assess the injured extremity to include pulse, motor function and sensation (**PMS**)
☐	Fold seven triangular bandages into cravat bandages
☐	Position cravats by placing them under the injured extremity and over the uninjured extremity and underneath the board, as follows • Ankle • Below knee • Above knee • Groin area • Hips • Abdomen • Chest
☐	Splint with two board splints by placing one padded board on the inner side of the injured leg (extending from the crotch to below the foot/heel) and one on the outer side of the injured leg (extending from the victim's armpit to below his foot/heel) cushion armpit and crotch with padding
☐	Pad all voids, particularly at the ankle and knee
☐	Tie splint in place using positioned cravats
☐	Reassess pulse, motor function and sensation (**PMS**)
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation prior to and after application of splints
☐	Rigid splints appropriately applied

Skill: Splinting – Immobilization Using A Soft Pillow/Blanket **Description:**	
☐	Gently remove patient's shoe and sock
☐	Assess injured extremity to include pulse, motor function and sensation (**PMS**)
☐	Place a pillow/blanket under the injured foot or hand/wrist and wrap the pillow around the ankle allowing access to toes and fingers to assess pulse
☐	Secure pillow with cravats
☐	Elevate the injured leg and treat for shock if appropriate
☐	Reassess pulse, motor function and sensation (**PMS**)
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation prior to and after application of pillow/blanket
☐	Soft pillow provides effective immobilization

Skill: Splinting – Traction Splint **Description:**	
☐	Expose fracture site and assess the injured extremity to include pulse, motor function and sensation (**PMS**) (Remove shoe and sock)
☐	If fracture is open, using appropriate body substance isolation precautions, control bleeding and dress wound prior to applying the traction splint
☐	First practitioner exerts manual traction. Support may be provided with one hand under the suspected fracture. Once manual traction is applied it must be maintained until traction is provided by the splint
☐	Second rescuer applies traction splint per manufacturer's recommendations
☐	Reassess pulse, motor function and sensation (**PMS**)
CRITICAL CRITERIA	
☐	Assess pulse, motor function and sensation (**PMS**) prior to and after application of splint
☐	Properly applies splint per manufacturer's recommendations
☐	Manual traction was maintained until traction was provided by the splint

THE CENTRAL NERVOUS SYSTEM

Skill: The Central Nervous System – Cervical Collar **Description:**	
☐	Practitioner(s) determine the need for cervical spine immobilization during scene size-up (Consider Mechanism of Injury).
☐	Practitioner 1 will stabilize the patient's cervical spine by grasping the patient's head, placing one hand on each side to prevent movement, bringing it into a neutral in-line position (if needed), and providing manual immobilization. Immobilization is maintained until the patient's head is securely fastened to a long backboard **NOTE**: Practitioner 2 should talk to the patient, keeping the patient's attention, while practitioner 1 gets into position to take stabilization. Practitioner should advise patient not to move their head Practitioner 2 conducts a focused cervical spine assessment to determine the need for continued cervical immobilization.
☐	Practitioner 2 properly sizes and applies cervical collar, if needed. (Follow manufacturer's recommendations.) **NOTE**: Practitioner 2 should survey for **DCAP-BTLS** (Deformities, Contusions, Abrasions, Punctures-Burns, Tenderness, Lacerations, and Swelling) of the neck prior to application of the collar
☐	Once the patient's head has been manually stabilized, manual stabilization should be continued until one of the following occurs: • The patient's head is secured to a long board with a cervical immobilization device (**CID**) or other appropriate device used with long spine boards ***OR*** • There is no need for spinal immobilization
☐	Continues patient assessments and treatment
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Maintains manual immobilization until head is secure to long board
☐	Measures to determine correct c-collar size
☐	Applies c-collar appropriately ensuring integrity of the spine

Skill: The Central Nervous System – Cervical Immobilization Device (CID) **Description:**	
☐	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, patient is placed onto a long spine board (see specific skill). **NOTE:** Some commercial CIDs come with bases that require attachment to the long board prior to movement of the patient onto the board.
☐	While practitioner 1 continues to stabilize the patient's head, practitioner 2 will place appropriate object(s) along both sides of the patient's head to secure it from moving. Appropriate items include: • Head Blocks (commercial) • Foam Blocks • Rolled Towels • Clothing • Rolled Blanket(s) • Paper towel rolls **NOTE:** Sandbags are not appropriate head immobilization devices.
☐	Practitioner 2 will hold the objects in place while the first practitioner slips the hands out from between the objects and patient's head.
☐	Practitioner 1 secures the objects in place using one of the following (or similar) materials: • Commercial head straps • Roller bandage • Tape • Cravats
☐	Head is secured across the forehead to the long board
☐	Head is secured across the cervical collar to the long board
☐	Once the head is secured, practitioner 2 can cease manual head stabilization
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Maintains manual immobilization until head is secured to long board
☐	Immobilizes patients head to device, after torso

Skill: The Central Nervous System – Short Backboard Application **Description:** There are local variations regarding the application of this skill. The primary concerns are that spinal immobilization is applied with spinal alignment maintained, and that the immobilization device maintains alignment after application. Techniques may be altered as personnel permit	
☐	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while Practitioner 1 continues to stabilize the patient's head, practitioner 2 prepares short board for application. (Inserts two straps making an "X" on the back of the board with buckles to the front) **NOTE**: Short spine board application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
☐	Practitioner 2 positions the board behind the patient with minimal patient movement
☐	Practitioner 2 secures the patient firmly onto the board by buckling the two straps. Buckles are on the patient's chest; while straps go over the inside of the thighs at the groin, under and around the outside of the thigh, up across the chest to the buckle. Sufficient straps/buckles may cause pressure
☐	Practitioner 2 fills voids between patient's neck and the board with towel, padding or similar object and secures patient's head to board using forehead straps, cravats or roller bandage. Head must remain in neutral alignment once immobilized
☐	Practitioner(s) will check torso straps and tighten if appropriate (being careful not to jar or move the patient) while evaluating immobilization
☐	Practitioners will gently lift the patient (one practitioner on each side of the patient with one hand under the patient's armpit and the other one under the patient's buttocks) one or two inches off the seat
☐	A third practitioner (police officer, fire/rescue person, etc.) will position the long backboard under the patient with the distal end of the board extending outside the vehicle
☐	While practitioner 3 secures the distal end of the backboard, the first and second practitioners (with additional help if available) will rotate the patient (making sure not to twist his body) and lay patient on the long backboard while supporting patient's legs and feet
☐	Practitioner 2 will release the straps around the patient's thighs and slowly, carefully lower the patient's legs simultaneously onto the long board. Loosen chest straps as needed for patient's comfort

☐	After patient is immobilized to the short backboard, practitioner 2 will properly immobilize the patient to the long board (See specific skill)
☐	Practitioner 2 will reassess distal pulse, motor function, and sensation (PMS) and prepare the patient for transport
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Maintains manual immobilization until head is secure to long board
☐	Assesses pulse, motor function, and sensation (**PMS**) on each extremity prior to application of device
☐	Positions immobilization device appropriately
☐	Immobilizes patient’s torso to device
☐	Immobilizes patient’s head to device, after torso
☐	Immobilizes patient to device
☐	Reassesses pulse, motor function, sensation (**PMS**) on each extremity after immobilization on long board

Skill: The Central Nervous System – Vest Type Short Backboard **Description:** There are multiple devices that accomplish the same goal but are used in a slightly different manner. These devices should be applied as specified in the manufacturer's instruction	
☐	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while practitioner 1 stabilizes the patient's head, practitioner 2 prepares the vest type device: **NOTE**: Vest type device application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
☐	Practitioner 2 will apply the vest type device, per manufacturer's recommendations, with minimal patient movement. **NOTE**: Once head is secured to the long board, the practitioner maintaining stabilization can release the manual stabilization
☐	Practitioners will re-evaluate immobilization
☐	The crew will gently lift the patient (using the lifting handles or with one practitioner on each side of the patient with one hand under the patient's armpit and the other one under the patient's buttocks) one or two inches off the seat
☐	A third practitioner (police officer, fire/rescue person, etc.) will position the long backboard under the patient with the distal end of the board extending outside the vehicle
☐	While the third practitioner secures the distal end of the backboard, the first and second practitioners (with additional help if available) will rotate the patient (making sure not to twist his body) and lay patient on the long backboard while supporting patient's legs and feet
☐	Practitioners will release the leg straps and slowly, carefully lower the patient's legs simultaneously onto the long board. Loosen chest straps as needed for patient's comfort
☐	Practitioners will properly immobilize the patient to the long spine board (See specific skill).
☐	Practitioners will reassess PMS in all extremities and prepare the patient for transport
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Maintains manual immobilization until head is secure to long board

☐	Assesses pulse, motor function, and sensation (**PMS**) on each extremity prior to application of vest type short back board
☐	Immobilizes patient's torso to device
☐	Immobilizes patient's head to device, after torso
☐	Reassesses pulse, motor function, sensation (**PMS**) on each extremity after immobilization on long board

Skill: The Central Nervous System – Helmet Removal **Description:** This skill sheet describes one of several appropriate methods for helmet removal. Whichever technique is used, the objective of cervical spine immobilization must be accomplished throughout the skill	
☐	Practitioner(s) determine the need for cervical spine immobilization during scene size-up (Consider Mechanism of Injury).
☐	Practitioner 1 manually stabilizes the patient's head by grasping the helmet (fingers should hold the victim's mandible to prevent slippage within the helmet).
☐	Practitioner 2 conducts appropriate assessment and determines the need to remove the helmet. **NOTE**: Helmets should only be removed when they are of improper fit and/or there is the possibility of respiratory/airway compromise that may need correction. Otherwise, the helmet should be left on and secured in place on the long spine board
☐	Practitioner 2 cuts or loosens the chinstrap (at the D rings)
☐	Practitioner 2 places one hand on the patient's mandible at the angle (thumb on one side, fingers on the other) and the other under the patient's head at the occipital region. This allows practitioner 2 to assume the manual stabilization
☐	Practitioner 1 removes the helmet by expanding it laterally to clear the ears. **NOTE**: If the helmet provides full facial coverage, the nose will impede removal. To clear the nose, the helmet must be tilted backward and raised over it
☐	After the helmet is removed, practitioner 1 replaces his/her hands on either side of the patient's head with his/her palms over the ears and now assumes the manual stabilization
☐	Practitioner 2 can then proceed with indicated treatment
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Removes helmet ensuring integrity of the spine
☐	Maintains manual stabilization until head is secured to long board
☐	Assesses pulse, motor function, and sensation (**PMS**) prior to helmet removal

Skill: The Central Nervous System – Long Board Application **Description:**	
☐	Following determination of need for spinal immobilization, application of cervical collar, per previous skill (cervical collar application), and appropriate assessments and treatments, while practitioner 1 continues to stabilize the patient's head, practitioner 2, with assistance, places the patient onto a long spine board using a log roll, suitable lift or slide, or scoop stretcher. **NOTE**: Long spine board application can be done prior to, as part of, or after the focused assessment depending upon the mechanism of injury (MOI) and patient condition
☐	Practitioner 1 holds manual stabilization
☐	Patient is moved onto the long board ensuring integrity of the spine
☐	Practitioner 2 pads voids, between the patient and board: • Adults: Under head & torso as needed. • Infants & Children: Under shoulders to toes to establish a neutral position.
☐	Practitioner 2 will immobilize patient's torso to the board by applying straps across the chest and pelvis, adjust as needed
☐	Practitioner 2 will immobilize the patient's head to the board using a cervical immobilization device (CID) or other suitable material
☐	Practitioner 2 will fasten the legs to the board, both proximal & distal to the knees
☐	Practitioners will reassess pulse, motor function, and sensation (PMS) in all extremities and prepare the patient for transport
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position
☐	Maintains manual immobilization until head is secured to long board
☐	Directs movement of patient onto device ensuring integrity of the spine
☐	Immobilizes patient’s torso to device prior to immobilizing head to device
☐	Reassesses pulse, motor function, sensation (PMS) on each extremity

Skill: The Central Nervous System – Rapid Extrication

Description: This procedure is indicated in the following situations:

- Unsafe scene.
- Unstable patient condition warrants immediate movement and transport
- Patient blocks the EMT-Basic's access to another, more seriously injured patient. Several variations of the technique are possible. The skill must be accomplished without compromise to the spine.

☐	Practitioner 1 or 2 conducts scene size-up and determines possibility of spinal injury
☐	Practitioner 1 immediately secures the head, bringing it into neutral in-line position and then maintaining manual (hand) stabilization. **NOTE**: Manual stabilization is maintained until the patient's head is properly secured to the long spine board.
☐	Practitioner 2 conducts initial patient assessment. Need for rapid extrication is determined. **NOTE**: Practitioner 2 should survey for Deformity, Contusion, Abrasion, Puncture/Penetration – Burns, Tenderness, Lacerations, Swelling (**DCAP-BTLS**) to the neck prior to application of the collar.
☐	Practitioner 2 applies appropriate cervical collar.
☐	A third practitioner (if available) will position the long board under the patient with the distal end of the board extending outside the vehicle, near the door and then moves to the seat beside the patient.
☐	Practitioner 2 supports the patient's thorax as practitioner 3 frees the patient's legs.
☐	At the direction of practitioner 1, the second and third practitioners rotate the patient in several short, coordinated moves until the patient's back is in the open doorway and the patient's feet are parallel with the long board
☐	Since the first practitioner usually cannot support the patient's head any longer, another available practitioner (#4) or bystander supports the patient's head as the first practitioner gets out of the vehicle and takes support of the head outside of the vehicle. **NOTE**: This skill can be accomplished with three trained practitioners and a bystander, when necessary, if the third practitioner does the job of the fourth practitioner except in the next step where the bystander stabilizes the end of the long board.

☐	Practitioner 3 supports the distal end of the board as practitioners 1 and 2 lower the patient onto it
☐	Practitioners 2 and 3 slide the patient into the proper position on the board in short coordinated moves
☐	Patient is then transferred to the appropriate device and placed in the ambulance. **NOTE**: Application of torso straps and/or CID may be done prior to or after movement to litter depending on situation encountered
CRITICAL CRITERIA	
☐	Maintains patient's head in neutral in-line position until head is secured to long board
☐	Assesses pulse, motor function, and sensation prior to moving patient
☐	Applies appropriately sized c-collar
☐	Directs movement of patient onto device ensuring integrity of the spine
☐	Immobilizes patient’s torso to long board
☐	Immobilizes patient’s torso to long board prior to head
☐	Reassesses pulse, motor function, sensation (PMS) on each extremity after immobilization on appropriate device.

BLEEDING CONTROL

Skill: Bleeding Control – External **Description:**	
☐	Practitioner uses appropriate body substance isolation precautions
☐	Apply direct pressure to the bleeding site (utilizing gloved hand, sterile dressing, etc.)
☐	Elevate if involving an extremity
☐	If bleeding continues, apply pressure at the appropriate pressure point
☐	If direct pressure, elevation and pressure point fail, administer high flow oxygen, assist ventilations as needed, and splint the extremity with one of the following • Splints • Pressure splints • Tourniquet (Last resort as per National Standard Curriculm) o Use a bandage that is 4 inches wide and 6-8 layers deep o Wrap it around the extremity twice at a point proximal to the bleeding but as distal on the extremity as possible o Tie one knot in the bandage and place a stick or rod on top of the knot and tie the ends of the bandage over the stick in a square knot o Twist the stick until the bleeding stops o Once the bleeding has stopped, secure the stick or rod in position o Notify other emergency personnel and Medical Command that a tourniquet has been used o Document on patients forehead time tourniquet was applied o Document on patient care report the use of tourniquet and time
☐	Transport immediately
CRITICAL CRITERIA	
☐	Takes body substance isolation precautions
☐	Follows treatment sequence
☐	If tourniquet is applied, notifies Medical Command of time of application
☐	If tourniquet is applied, documents time on patient's forehead and PCR

Skill: Bleeding Control – Shock **Description:**	
☐	Practitioner uses appropriate body substance isolation precautions
☐	Secure and maintain an airway and give high flow oxygen
☐	Lay patient supine
☐	Elevate the lower extremities 8 to 12 inches (Trendelenburg position)
☐	Treat other conditions as needed
☐	Prevent loss of body heat by covering the patient with a blanket
☐	Transport immediately
☐	Accurately record initial pulse, blood pressure and other vitals signs and maintain a record of them at five-minute intervals
CRITICAL CRITERIA	
☐	Takes body substance isolation precautions
☐	Recognizes signs and symptoms of shock
☐	Applies high flow oxygen

BURNS

Skill: Burns – Thermal **Description:**	
☐	Uses appropriate body substance isolation precautions
☐	Stop the burning process initially with water or saline **Caution:** Use care to avoid hypothermia
☐	Remove smoldering clothing and jewelry, if possible
☐	Continually monitor airway
☐	Prevent further contamination
☐	Cover the burn with a dry sterile dressing
☐	Do not use any ointment, lotion or antiseptic
☐	Do not break blisters
☐	Transport to appropriate facility
CRITICAL CRITERIA	
☐	Assures scene safety
☐	Takes body substance isolation precautions
☐	Properly treats the burn
☐	Prevents additional injury to patient

Skill: Burns - Chemical Burns **Description:**	
☐	Assures scene safety
☐	Uses appropriate personal protective equipment and body substance isolation precautions
☐	Attempt to obtain substance or information
☐	Dry powders should be carefully brushed off prior to flushing
☐	Flush with copious amounts of water prior to transport, contain runoff if possible
☐	Do not contaminate uninjured area when flushing the injured area
CRITICAL CRITERIA	
☐	Assures scene safety
☐	Properly treats the burn
☐	Prevents additional injury to patient

Skill: Burns - Electrical Burns **Description:**	
☐	Assure scene safety; **DO NOT** remove the patient from the electrical source unless trained to do so and have the appropriate equipment available. If possible, safely disconnect power source (i.e.: shut off circuit breaker, unplug wire from receptacle)
☐	If patient is still in contact with the electrical source, or you are not sure, do not touch the patient or attempt to remove electrical source until scene is made safe.
☐	Administer high flow oxygen if not already done (15/lpm via NRB)
☐	Monitor the patient closely for respiratory or cardiac arrest, consider AED
☐	Treat the soft tissue injuries associated with the burn
☐	Look for an exit and entrance wound
CRITICAL CRITERIA	
☐	Assures scene safety
☐	Properly treats the burn

SOFT TISSUE INJURIES

Skill: Soft Tissue Injuries - Amputations **Description:**	
☐	Take appropriate body substance isolation precautions
☐	Expose the wound
☐	Control bleeding, if needed
☐	Dress and immobilize, if needed
☐	Wrap amputated part in gauze soaked in sterile saline and place part in a sealed plastic bag. (Part may be wrapped in clean moistened towel or like material if too large to wrap in gauze) **NOTE: DO NOT** put amputated part directly on ice

Skill: Soft Tissue Injuries - Open Neck Wound **Description:**	
☐	Take appropriate body substance isolation precautions
☐	Expose the wound
☐	Control bleeding
☐	Use occlusive dressing on severed blood vessel

Skill: Soft Tissue Injuries - Sucking Chest Wound **Description:**	
☐	Takes appropriate body substance isolation precautions
☐	Exposes wound
☐	Applies gloved hand to wound to prevent air from entering chest cavity
☐	Properly applies and secures occlusive dressing, taping down three sides
☐	Monitors for tension pneumothorax and releases occlusive dressing if signs and symptoms of a tension pneumothorax develop

Skill: Soft Tissue Injuries - Evisceration **Description:**	
☐	Take appropriate body substance isolation precautions
☐	Expose wound **NOTE: DO NOT** Manipulate Organs
☐	Apply a moist sterile dressing over the organ(s)
☐	Cover the moist sterile dressing with plastic or other occlusive dressing (i.e. foil)

Skill: Soft Tissue Injuries - Impaled Objects **Description:**	
☐	Takes appropriate body substance isolation precautions
☐	Expose the wound
☐	Manually stabilize the object
☐	Stabilize the object with bulky dressings
☐	Bandage in place
CRITICAL CRITERIA	
☐	Takes appropriate body substance isolation
☐	Properly treat the conditions

ENVIRONMENTAL EMERGENCIES

Skill: Environmental Emergencies - Hypothermia **Description:**	
☐	Remove the patient from the environment
☐	Remove wet clothing and cover with blanket
☐	Handle patient extremely gently. **Avoid rough handling**
☐	Do not let patient walk or exert himself
☐	Administer high flow oxygen, if not already done
☐	Assess vital signs for a longer time than usual, so that a very slow pulse or respiratory rate is not missed. Assess pulse for 45 seconds. If a pulse or respirations are detected, **DO NOT** perform CPR
☐	Turn the heat up to high in the patient compartment of the ambulance
☐	If patient is alert and responding appropriately, rewarm patient slowly • Apply heat packs or hot water bottles to the groin, axillary and cervical regions • If patient is alert, administer warm non-caffeinated beverages (if available) by mouth slowly. **DO NOT** permit fluids by mouth if patient also has traumatic injuries or abdominal pain
☐	**DO NOT** allow patient to eat or drink stimulants
☐	**DO NOT** massage extremities
CRITICAL CRITERIA	
☐	Handle patient gently
☐	Re-warm patient slowly

Skill: Environmental Emergencies - Local Cold Emergencies **Description:**	
☐	Remove the patient from the environment
☐	Protect the cold injured extremity from further injury
☐	Administer oxygen, if not already done
☐	Remove wet or restrictive clothing
☐	If early or superficial injury • Remove jewelry, if needed • Splint extremity • Cover extremity • **DO NOT** rub or massage extremity • **DO NOT** re-expose to the cold
☐	If late or deep cold injury • Remove jewelry, if needed • Cover with dry dressing or clothing • **DO NOT** Break blisters • **DO NOT** Rub or massage area • **DO NOT** Apply heat • **DO NOT** Rewarm • **DO NOT** Allow patient to walk on the affected extremity
☐	If an extremely long or delayed transport is inevitable, then active rapid rewarming should be done, unless it is a late ***OR*** deep cold injury ***OR*** patient can not be protected from additional cold injury • Immerse the affected part in warm water • Monitor the water to ensure it does not cool from the frozen part • Continuously stir water • Continue until the part is soft and color and sensation have returned • Dress the area with dry sterile dressing. If it is a hand or foot, place dry sterile dressings between the fingers and toes • Protect against refreezing the warmed part • Expect the patient to complain of severe pain
CRITICAL CRITERIA	
☐	Appropriate care is administered

Skill: Environmental Emergencies - Heat Emergencies **Description:**	
Moist, Pale, Normal to Cool Temperature Skin	
☐	Remove patient from the hot environment and place in a cool environment
☐	Administer high flow oxygen if not already done
☐	Loosen or remove clothing
☐	Cool patient by fanning
☐	Put patient in supine position with legs elevated
☐	If patient is responsive and not nauseated, have patient drink cool fluids, ideally commercial sport/re-hydration drinks
☐	If patient is unresponsive or is vomiting, protect airway and transport the patient on their left side
Hot, Dry or Moist Skin	
☐	Remove patient from the hot environment and place in a cool environment
☐	Administer high flow oxygen if not already done
☐	Remove clothing
☐	Apply cool packs to neck, groin and armpits
☐	Keep the skin wet by applying water with sponges or wet towels
☐	Fan aggressively **NOTE:** If shivering begins, slow cooling process
☐	Transport immediately
CRITICAL CRITERIA	
☐	Appropriate care is administered

Skill: Environmental Emergencies - Water-Related Emergencies **Description:**	
☐	If spinal injury is suspected, establish in-line spinal immobilization and removal from water with backboard
☐	If there is no suspected spine injury, remove patient from water and place in the left lateral recumbent (recovery position) allowing water and vomitus to drain and continuing to assure an adequate airway
☐	Suction as needed
☐	Administer high flow oxygen and ventilate if necessary
☐	Provide external chest compressions for pulseless patient
☐	If gastric distention interferes with artificial ventilation, the patient should be placed on their left side
☐	With suction immediately available, the practitioner should place their hand over the epigastric area of the abdomen and apply firm pressure to relieve the distention
CRITICAL CRITERIA	
☐	Appropriate care is administered

BEHAVIORAL EMERGENCIES

Skill: Behavioral Emergencies **Description:**	
☐	Scene Size-up, personal safety
☐	If safe, patient assessment
☐	Calm the patient—Do not leave patient alone
☐	Do not allow patient to block your exit pathway
☐	Restrain patient if necessary
☐	Transport
☐	If overdose or poisoning, bring medications, substance and containers to hospital with patient

Skill: Behavioral Emergencies - Patient Restraint **Description:**	
☐	Plan your approach • Assure you have adequate help • Estimate range of motion of patients arms and legs • Approach with four persons (if available), one assigned to each limb all at the same time
☐	Act quickly
☐	Avoid unnecessary force
☐	Secure limbs together with equipment approved by medical command
☐	**Do not restrain patient in a hog-tied or prone position**
☐	Secure to stretcher with multiple straps
☐	Cover patient's mouth with a non-rebreather mask with high flow oxygen (or a surgical mask)
☐	Reassess circulation frequently and constantly monitor patient

☐	Document indications for restraining patients, restraint method used and results of frequent reassessment
CRITICAL CRITERIA	
☐	Assures scene safety
☐	Patient was restrained appropriately

Appendix A

Patient Assessment Flowchart

PATIENT ASSESSMENT

SCENE SIZE-UP

- ❑ Use appropriate Body Substance Isolation (BSI) precautions.
- ❑ Evaluate the scene for existing or potential hazards to determine scene safety

Is the Scene Safe?

- ❑ **Safe**
  - You may enter the scene

OR

- ❑ **Unsafe**
  - Do not enter scene until it is safe:
    - Control scene ***OR***
    - Correct hazard(s) ***OR***
    - Move patient to safe location

- ❑ Determine the **M**echanism **O**f **I**njury (**MOI**) for trauma patient ***or*** the **N**ature **O**f **I**llness (**NOI**) for medical patient.
- ❑ Determine the number of patients at the scene.
- ❑ Determine if additional resources are needed to effectively manage the scene ***AND/OR*** the patient.

Proceed to Initial Assessment

PATIENT ASSESSMENT

INITIAL ASSESSMENT

- Form a general impression:
  - Consider Mechanism of Injury (**MOI**) or Nature of Illness (**NOI**).
  - Consider patient's age, sex & race.
  - Obtain patient's chief complaint.
- Assess for life threatening condition:

Is any Life Threatening Condition Identified?

- **Life Threat Identified**
  - Treat Immediately
- **No Life Threat Identified**

- Determine if Trauma or Medical patient:

Is it a Trauma or a Medical patient?

Trauma Patient

- If spinal injury suspected, Establish In-Line Stabilization

Medical Patient

- Assess Mental Status (AVPU)
  - **A**lert
  - Responds to **V**erbal stimuli
  - Responds to **P**ainful stimuli
  - **U**nresponsive, no gag or cough

- Assess **A**irway Status:

Is Airway Open?

OPEN

CLOSED

- Open Airway
  - If spinal injury suspected, use Modified Jaw Thrust
  - If no spinal injury suspected, use head tilt-chin lift

- If patient unresponsive insert appropriate ventilatory adjunct
  - Correctly sized oral airway, if no gag reflex
  - Correctly sized nasal airway, if gag reflex

Continued on next page

PATIENT ASSESSMENT

INITIAL ASSESSMENT

Continued from previous page

- ❑ Assess **B**reathing Status (Look, Listen, Feel for breathing):
  - Adequate Breathing = adequate rate ***AND*** adequate tidal volume. If breathing is adequate and patient is responsive, oxygen may be indicated.
  - Inadequate Breathing = inadequate rate ***OR*** inadequate tidal volume
  - Additional signs of inadequate breathing:
    - Retractions at the suprasternal notch, intercostal spaces, or supraclavicular spaces
    - Use of neck muscles on inhalation
    - Nasal flaring
    - Excessive abdominal muscle use
    - Tripod positioning
    - Tracheal tugging
    - Pale, cool, clammy skin
    - Cyanosis
    - Asymmetrical movement of the chest wall
    - Pulse oximeter ($Sp0_2$) reading of less than 95%

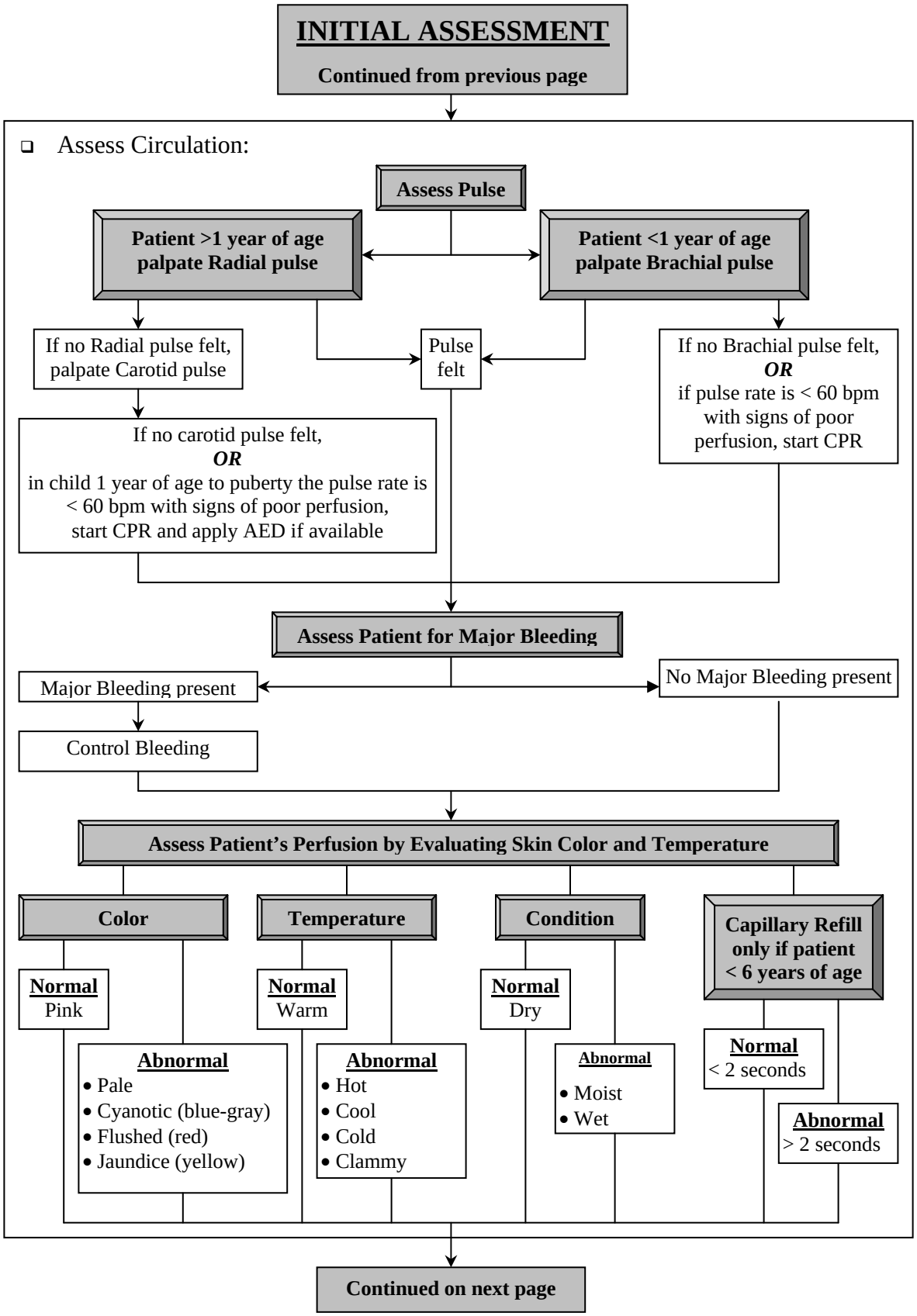
Breathing Status? — **INADEQUATE**

- ❑ Administer high flow oxygen
  (15 lpm via nonrebreather mask)
  - If patient is unresponsive ***OR***
  - If patient is responsive breathing >24 or < 8 breaths per minute with signs of poor perfusion

- ❑ Begin positive pressure ventilation with supplemental oxygen

Continued on next page

PATIENT ASSESSMENT



PATIENT ASSESSMENT

INITIAL ASSESSMENT

Continued from previous page

- ❑ Identify Priority Patients:
  - Consider:
    - Poor general impression
    - Unresponsive patients – no gag or cough
    - Responsive, not following commands
    - Difficulty breathing
    - Shock (Hypoperfusion)
    - Complicated childbirth
    - Chest pain with BP < 100 systolic
    - Uncontrolled bleeding
    - Severe pain anywhere

YES — **Priority Patient** — **NO**

- ❑ Expedite transport of the patient ***AND*** consider ALS back-up

Proceed to Appropriate Focused History and Physical Examination

PATIENT ASSESSMENT

FOCUSED HISTORY AND PHYSICAL EXAM - TRAUMA

- ❑ Reconsider Mechanism of Injury
- ❑ Classify patient due to significance of MOI or clinical findings

YES TO ANY — **Significant MOI *OR* Multiple injuries *OR* Altered Mental Status** — **NO**

- ❑ Continue In-Line Stabilization
- ❑ Consider ALS Request
- ❑ Reconsider Transport Decision
- ❑ Reassess Mental Status

- ❑ Perform Appropriate Focused History and Physical Exam
  - ❑ Use components of rapid assessment that are specific to the injury site.

- ❑ Perform Rapid Trauma Assessment
  (**DCAP-BTLS** = **D**eformities, **C**ontusions, **A**brasions, **P**unctures/Penetrations – **B**urns, **T**enderness, **L**acerations, **S**welling
  - ❑ Assess Head
    - ❑ **DCAP-BTLS**
    - ❑ Crepitation
  - ❑ Assess Neck
    - ❑ **DCAP-BTLS**
    - ❑ Injury or signs of injury
    - ❑ Jugular Vein Distention (**JVD**) or Tracheal Deviation
    - ❑ Crepitation
    - ❑ Apply C-Collar
  - ❑ Assess Chest
    - ❑ **DCAP-BTLS**
    - ❑ Paradoxical motion
    - ❑ Crepitation
    - ❑ Breath Sounds in apices, mid-clavicular line, bilaterally and at the bases, mid-axillary line, bilaterally
      - ❑ Present
      - ❑ Absent
      - ❑ Equal
  - ❑ Assess Abdomen
    - ❑ **DCAP-BTLS**
    - ❑ Firm
    - ❑ Soft
    - ❑ Distended
  - ❑ Assess Pelvis
    - ❑ **DCAP-BTLS**
    - ❑ If no pain noted, gently compress the pelvis to determine tenderness or motion.
  - ❑ Assess Extremities (all four)
    - ❑ **DCAP-BTLS**
    - ❑ Distal Pulse
    - ❑ Sensation
    - ❑ Motor function
  - ❑ Roll patient with spinal precautions and assess posterior body, examining for injury or signs of injury

PATIENT ASSESSMENT

FOCUSED HISTORY AND PHYSICAL EXAM - TRAUMA

Continued from previous page

- ❑ Assess Baseline Vitals
  - ❑ Breathing
  - ❑ Pulse
  - ❑ Skin
  - ❑ Pupils
  - ❑ Blood Pressure
- ❑ Obtain **SAMPLE** History
  - ❑ **S**igns/Symptoms
  - ❑ **A**llergies
  - ❑ **M**edications
  - ❑ **P**ertinent Past Medical History
  - ❑ **L**ast Oral Intake
  - ❑ **E**vents Leading to Injury
- ❑ Transport to appropriate facility
- ❑ Perform detailed Physical Exam
- ❑ Perform Ongoing Assessment

- ❑ Assess Baseline Vitals
  - ❑ Breathing
  - ❑ Pulse
  - ❑ Skin
  - ❑ Pupils
  - ❑ Blood Pressure
- ❑ Obtain **SAMPLE** History
  - ❑ **S**igns/Symptoms
  - ❑ **A**llergies
  - ❑ **M**edications
  - ❑ **P**ertinent Past Medical History
  - ❑ **L**ast Oral Intake
  - ❑ **E**vents Leading to Injury
- ❑ Transport to appropriate facility
- ❑ Perform Ongoing Assessment

PATIENT ASSESSMENT

FOCUSED HISTORY AND PHYSICAL EXAM – MEDICAL

- ❑ Reassess Mental Status

Mental Status

RESPONSIVE

- ❑ Assess Complaints plus Signs and Symptoms (**OPQRST**)
  - ❑ **O**nset
  - ❑ **P**rovocation
  - ❑ **Q**uality
  - ❑ **R**adiation
  - ❑ **S**everity
  - ❑ **T**ime
- ❑ Obtain **SAMPLE** History
  - ❑ **S**igns/Symptoms
  - ❑ **A**llergies
  - ❑ **M**edications
  - ❑ **P**ertinent Past Medical History
  - ❑ **L**ast Oral Intake
  - ❑ **E**vents Leading to Illness
- ❑ Perform a Focused Medical Assessment
  - ❑ Assess Head, if necessary
  - ❑ Assess Neck, if necessary
  - ❑ Assess Chest, if necessary
  - ❑ Assess Abdomen, if necessary
  - ❑ Assess Pelvis, if necessary
  - ❑ Assess Extremities, if necessary
  - ❑ Assess Posterior, if necessary
- ❑ Assess Baseline Vital Signs
  - ❑ Breathing
  - ❑ Pulse
  - ❑ Skin
  - ❑ Pupils
  - ❑ Blood Pressure
- ❑ Provide emergency medical care based on assessment findings.
  - Consult medical command, as needed
- ❑ Make a Transport Decision
  - Consult medical command, as needed

UNRESPONSIVE

- ❑ Perform a Rapid Medical Assessment (same as Rapid Trauma Assessment)
- ❑ Assess Baseline Vital Signs
  - ❑ Breathing
  - ❑ Pulse
  - ❑ Skin
  - ❑ Pupils
  - ❑ Blood Pressure
- ❑ Position Patient to Protect Airway
- ❑ Obtain **SAMPLE** History from bystanders, family, friends if possible
  - ❑ **S**igns/Symptoms
  - ❑ **A**llergies
  - ❑ **M**edications
  - ❑ **P**ertinent Past Medical History
  - ❑ **L**ast Oral Intake
  - ❑ **E**vents Leading to Illness
- ❑ Transport to appropriate facility
  - Consult medical command, as needed

PATIENT ASSESSMENT

DETAILED PHYSICAL EXAM

- ❑ Assess Mental Status

Mental Status

RESPONSIVE

- ❑ Perform Components of Detailed Physical Exam based on patient's injuries and complaints
- ❑ Reassess Vital Signs
- ❑ Perform Ongoing Assessment

UNRESPONSIVE

- ❑ Perform Detailed Physical Exam **DCAP-BTLS** all the following areas plus:
  - ❑ Assess the Head
    - ❑ Crepitation
  - ❑ Assess the Face
  - ❑ Assess the Ears
    - ❑ Drainage
  - ❑ Assess the Eyes
    - ❑ Discoloration
    - ❑ Unequal pupils
    - ❑ Foreign bodies
    - ❑ Blood in anterior chamber
  - ❑ Assess the Nose
    - ❑ Drainage
    - ❑ Bleeding
  - ❑ Assess the Mouth
    - ❑ Teeth
    - ❑ Obstructions
    - ❑ Swollen or lacerated tongue
    - ❑ Odors
    - ❑ Discoloration
  - ❑ Assess the Neck
    - ❑ **JVD** or Tracheal Deviation
    - ❑ Crepitance
  - ❑ Assess the Chest
    - ❑ Crepitance
    - ❑ Paradoxical motion
    - ❑ Breath sounds
  - ❑ Assess the Abdomen
    - ❑ Firm
    - ❑ Soft
    - ❑ Distended
  - ❑ Assess the Pelvis
    - ❑ If no pain noted, gently compress the pelvis to determine tenderness or motion
  - ❑ Assess the Extremities
    - ❑ Distal pulses
    - ❑ Sensation
    - ❑ Motor function
  - ❑ Assess the Posterior

- ❑ Reassess Vital Signs
- ❑ Perform Ongoing Assessment

PATIENT ASSESSMENT

ONGOING ASSESSMENT

- ❑ Repeat Initial Assessment
  - Stable patient – repeat and record every 15 minutes
  - Unstable patient – repeat and record every 5 minutes
    - ❑ Reassess Mental Status
    - ❑ Maintain Open Airway
    - ❑ Monitor Breathing
      - ❑ Rate
      - ❑ Quality
    - ❑ Reassess Pulse
      - ❑ Rate
      - ❑ Quality
    - ❑ Monitor Skin
      - ❑ Skin Color
      - ❑ Skin Temperature
    - ❑ Reestablish Patient Priorities.

↓

- ❑ Reassess Vital Signs

↓

- ❑ Repeat Focused History and Physical Exam regarding patient complaint or injuries

↓

- ❑ Check Interventions
  - ❑ Assure adequacy of oxygen delivery/artificial ventilation.
  - ❑ Assure management of bleeding
  - ❑ Assure adequacy of other interventions.

Appendix B

CPR Skill Sheets

CARDIO PULMONARY RESUSCITATION

Skill: **1 Person Adult CPR** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Assess the patient for responsiveness. • If alone and no response, shout for help, then activate the emergency response system and get an AED if available • If someone responds send them to activate the emergency response system if indicated and get an AED (if available)
☐	Open the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway using the jaw thrust maneuver, practitioner may use the head tilt-chin lift maneuver
☐	Check for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately give 2 breaths by barrier device; confirm chest rise and fall (1 second each)
☐	Check the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse, perform chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute) • Remove clothes from patient's chest • Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • Depth of compressions 1½ to 2 inches • 30 chest compressions in 17-23 seconds at correct depth allowing recoil of chest • Continue with CPR until you see signs of life (ie: cough, movement of patient)
☐	Administer post resuscitation care • Once signs of life are detected

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish Unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **1 Person Adult CPR With AED**

Description:

☐	Uses appropriate body substance isolation precautions and ensures scene safety
☐	Assess the patient for responsiveness. • If alone and no response, shout for help, then activate the emergency response system and get an AED if available • If someone responds send them to activate the emergency response system if indicated and get an AED if available
☐	Open the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway utilizing the jaw thrust maneuver, practitioner may utilize the head tilt-chin lift maneuver
☐	Check for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately give 2 breaths by barrier device; confirm chest rise and fall (1 second each)
☐	Check the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse, conduct one of the following, after removing the clothes from patient's chest If cardiac arrest was **witnessed** by EMS, then: ❑ Apply AED pads to patient's chest ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock ❑ If no shock advised, check a pulse. If cardiac arrest was **not witnessed** by EMS, then: ❑ CPR for 2 minutes or until AED ready to analyze ❑ Apply AED pads to patient chest ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock. ❑ If no shock advised, check a pulse. • Perform chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute) • Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • Depth of compressions 1½ to 2 inches • 30 chest compressions in 17- 23 seconds at correct depth allowing recoil of chest

☐	After 2 minutes, AED should reanalyze patient's rhythm
☐	If "no shock advised" check a pulse. If patient does not have a pulse, CPR should be continued starting with chest compressions • If "shock advised" deliver shock
☐	Administers post resuscitation care • Once signs of life are detected
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish Unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Integration and proper use of AED with minimal interruption of CPR
☐	Assure all individuals are clear prior to shock
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check or if AED advises "no shock"

Cardio Pulmonary Resuscitation – (Continued)

Skill: **1 PERSON CHILD CPR** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Assess the patient for responsiveness • If alone and no response, shout for help • If someone responds, send that person to activate the emergency response system if indicated and get an AED (if one is available)
☐	Open the patient's airway using the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway using the jaw thrust maneuver, practitioner may use the head tilt-chin lift maneuver
☐	Check for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, give 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make the patients chest rise 1 second each)
☐	Check the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse or if the heart rate is less than 60 beats per minute with signs of poor circulation, perform chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute) • Remove clothes from patient's chest • Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • For very small children, the practitioner may use either 1 or 2 hands for chest compression • Depth of chest compressions 1/3 to1/2 the depth of the chest • 30 chest compressions in 17-23 seconds at correct depth allowing recoil of chest • Continue with CPR until you see signs of life (ie: cough, movement of patient)
☐	After 5 cycles of CPR • Activate the emergency response system if not already done • Get an AED if available • Use the AED if available

☐	Administer post resuscitation care • Once signs of life are detected
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **1 PERSON CHILD CPR WITH AED**

Description:

☐	Use appropriate Body Substance Isolation Precautions and ensure scene safety
☐	Assess the patient for responsiveness. • If alone and no response, shout for help, then activate the emergency response system and get an AED if available • If someone responds send them to activate the emergency response system if indicated and get an AED (if one is available)
☐	Open the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway utilizing the jaw thrust maneuver, practitioner may utilize the head tilt-chin lift maneuver
☐	Check for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately give 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make chest rise and fall)
☐	Check the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	f you do not feel a pulse or if heart rate is less than 60 beats per minute with signs of poor circulation, first practitioner will perform chest compressions at a ratio of 30:2 (rate of 100/minute), after removing the clothes from patient's chest

If cardiac arrest was **witnessed** by EMS, then:	If cardiac arrest was **not witnessed** by EMS, then:
❑ Apply AED pads to patient's chest ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock ❑ If no shock advised, check a pulse.	❑ CPR for 2 minutes or until AED is ready to analyze ❑ Apply pads to patients chest. ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock. ❑ If no shock advised, check a pulse.

- Perform chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute)
- Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand
- Depth of compressions 1/3 to 1/2 depth of chest
- 30 chest compressions in 17- 23 seconds at correct depth allowing recoil of chest

☐	After 2 minutes, AED should reanalyze patient's rhythm • If "no shock advised" check a pulse, if patient does not have a pulse, CPR should be continuing with chest compression • If "shock advised" deliver shock
☐	Administer post resuscitation care • Once signs of life are detected
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish Unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Integration and proper use of AED with minimal interruption of CPR
☐	Assure all individuals are clear prior to shock
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check or if AED advises "no shock"

Cardio Pulmonary Resuscitation – (Continued)

Skill: **1 PERSON INFANT CPR** **Description:** (Neonatal Period Outside Delivery Room to 1 Year of Age)	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Assess the patient for responsiveness • If alone and no response shout for help • If someone responds, send that person to activate the emergency response system if indicated • If you are alone and witness the sudden collapse of an infant, you should activate the emergency response system, if indicated, first and then return to the infant and provide CPR
☐	Open the patient's airway utilizing the head tilt chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If practitioner is unable to open the airway using the jaw thrust maneuver, practitioner may use the head tilt-chin lift maneuver
☐	Check for adequate breathing (check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, give 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make the patient's chest rise)
☐	Check the patient's brachial pulse (check for at least 5 seconds and no more than 10 seconds)
☐	If no brachial pulse or if heart rate is less than 60 beats per minute with signs of poor perfusion, perform chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute) • Remove clothes from patient's chest • Draw an imaginary line between patients nipples • Place two fingers on the breast bone just below the imaginary line • Depth of compressions about 1/3 to 1/2 the depth of the chest • 30 chest compressions in 17-23 seconds at correct depth allowing recoil of chest • Continue with CPR until you see signs of life (ie: cough, patient movement)
☐	After 5 cycles of CPR • Activate the emergency response system if not already done
☐	Administer post resuscitation care • Once signs of life are detected

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess brachial pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **2 PERSON ADULT CPR** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	First practitioner assess the patient for responsiveness
☐	Second practitioner activates the emergency response system if indicated and gets an AED if available
☐	First practitioner will open the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway using the jaw thrust maneuver, practitioner may utilize the head tilt-chin lift maneuver
☐	First practitioner checks for adequate breathing (check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, first practitioner will give 2 breaths by barrier device; confirm chest rise and fall (Only give enough breath to make the patient's chest rise and fall, 1 second each)
☐	First practitioner checks the patient's carotid pulse (check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse, second practitioner will perform chest compressions at a ratio of 30:2 (rate of 100/minute) • Remove clothes from patient's chest • Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • Depth of compressions 1 1/2 to 2 inches the depth of the chest • 30 chest compressions in 17-23 seconds at correct depth allowing recoil of chest • Continue with CPR until you see signs of life (ie: cough, patient movement)
☐	After 2 minutes or 5 cycles of chest compressions and ventilations, practitioners will switch positions with minimal interruption
☐	Administer post resuscitation care • Once signs of life are detected

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **2 PERSON CHILD CPR** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	First practitioner assess the patient for responsiveness
☐	Second practitioner activates the emergency response system if indicated and gets an AED if available
☐	First practitioner opens the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver without head extension • If unable to open the airway utilizing the jaw thrust maneuver, practitioner may utilize the head tilt-chin lift maneuver
☐	First practitioner checks for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, first practitioner will give 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make the patients chest rise)
☐	First practitioner will check the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse or if heart rate is less than 60 beats per minute with signs of poor perfusion, first practitioner will perform chest compressions at a ratio of 15:2 (rate of 100/minute) • Remove clothes from patient's chest • Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • For very small children, practitioner may use either 1 or 2 hands for chest compressions • Depth of compressions 1/3 to 1/2 the depth of the chest • Continue with CPR until you see signs of life (ie: cough, patient movement)
☐	After 2 minutes or 10 cycles of chest compressions and ventilations, practitioners will switch positions with minimal interruption
☐	Administer post resuscitation care • Once signs of life are detected

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open the airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **2 PERSON INFANT CPR** **Description:** (Neonatal Period Outside Delivery Room to 1 Year of Age)	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	First practitioner assess patient for responsiveness
☐	Second practitioner activates the emergency response system if indicated
☐	First practitioner opens the patient's airway using the head tilt-chin lift method (if not trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver, without head extension • If unable to open the airway using the jaw thrust maneuver, practitioner may use the head tilt-chin lift maneuver
☐	First practitioner checks for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen, and feel
☐	If patient is not breathing adequately, first practitioner will administer 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make the patients chest rise)
☐	First practitioner will check patient's brachial pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse or if heart rate is less than 60 beats per minute with signs of poor circulation, first practitioner will perform chest compressions at a ratio of 15:2 (rate of 100/minute) • Remove clothes from patient's chest • Draw and imaginary line between the nipples • Perform chest compressions with 2 thumb-encircling hands technique just below the nipple line • Depth of compression about 1/3 to 1/2 the depth of the chest • Continue with CPR until you see signs of life (ie: cough, patient movement)
☐	After 2 minutes or 10 cycles of chest compressions and ventilations, practitioners will switch positions with minimal interruptions
☐	Administer post resuscitation care • Once you see signs of life

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open airway
☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess brachial pulse
☐	Perform adequate CPR
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check

Cardio Pulmonary Resuscitation – (Continued)

Skill: **2 PERSON ADULT CPR WITH AED**

Description:

☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	First practitioner assess the patient for responsiveness
☐	Second practitioner will activate the emergency response system if indicated and get an AED if available
☐	First practitioner opens the patient's airway using the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver, without head extension • If unable to open the airway using the jaw thrust maneuver, practitioner may using the head tilt-chin lift maneuver
☐	First practitioner checks for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, first practitioner administers 2 breaths by barrier device (only give enough breath to make the patient's chest rise and fall)
☐	First practitioner checks the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If no pulse is felt, first practitioner performs chest compressions and ventilations at a ratio of 30:2 (rate of 100/minute), after removing clothes from patient's chest

If cardiac arrest was **witnessed** by EMS, then:	If cardiac arrest was **not witnessed** by EMS, then:
❑ Turn AED unit on ❑ Apply AED pads to patient's bare chest ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock 360 J ❑ If no shock advised, check a pulse.	❑ CPR for 2 minutes or until AED is ready to analyze ❑ Apply AED pads to patient's chest. ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock at 360 J ❑ If no shock advised, check a pulse.

	• Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • Depth of compressions 1 ½ to 2 inches depth of the chest • 30 chest compressions in 17-23 seconds
☐	Second practitioner arrives with the AED and turns it on ▪ Integration of the AED needs to be done with minimal interruption of CPR
☐	Second practitioner selects proper pads and places the pad in the correct location
☐	Second practitioner clears the victim so AED can analyze • If "no shock advised" check a pulse • If "shock advised" deliver shock at 360 J • If a shock is indicated, second practitioner assures all individuals are clear prior to shock
☐	After confirming that the patient is clear, second practitioner presses the shock button
☐	Second practitioner will administer first cycle of 30 chest compressions, in 17-23 seconds at the correct depth allowing recoil of the chest
☐	First practitioner will administer 2 ventilations by barrier device; confirm chest rise and fall (1 second each)
☐	Second practitioner will administer second cycle of 30 chest compressions, in 17-23 seconds at the correct depth allowing recoil of the chest
☐	First practitioner will administer 2 ventilations by barrier device; confirm chest rise and fall (1 second each)
☐	After 5 cycles or 2 minutes practitioners will switch places with minimal interruptions
☐	After 2 minutes, AED should reanalyze patient's rhythm • If "no shock advised" check a pulse • If "shock advised" deliver shock at 360 J • If "no shock" is advised and patient does not have a pulse, CPR should be continued starting with chest compressions
☐	Administer post resuscitation care • Once signs of life are detected
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish Unresponsiveness
☐	Open the airway

☐	Assess breathing
☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Integration and proper use of AED with minimal interruption of CPR
☐	Assure all individuals are clear prior to shock
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check or if AED advises “no shock”

Cardio Pulmonary Resuscitation – (Continued)

Skill: **2 PERSON CHILD CPR WITH AED** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	First practitioner assess the patient for responsiveness
☐	Second practitioner will activate the emergency response system if indicated and get an AED if available
☐	First practitioner opens the patient's airway utilizing the head tilt-chin lift method (if no trauma is suspected) • If a cervical spine injury is suspected, open the airway using the jaw thrust maneuver, without head extension • If unable to open the airway utilizing the jaw thrust maneuver, practitioner may utilize the head tilt-chin lift maneuver
☐	First practitioner checks for adequate breathing (Check for at least 5 seconds and no more than 10 seconds) • Look, listen and feel
☐	If patient is not breathing adequately, first practitioner administers 2 breaths by barrier device; confirm chest rise and fall (only give enough breath to make the patient's chest rise)
☐	First practitioner checks the patient's carotid pulse (Check for at least 5 seconds and no more than 10 seconds)
☐	If you do not feel a pulse or if heart rate is less than 60 beats per minute with signs of poor circulation, first practitioner will perform chest compressions at a ratio of 15:2 (rate of 100/minute), after removing clothes from patient's chest

If cardiac arrest was **witnessed** by EMS, then:	If cardiac arrest was **not witnessed** by EMS, then:
❑ Turn AED unit on ❑ Apply AED pads to patient's bare chest ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock at 360 J. ❑ If no shock advised, check a pulse.	❑ CPR for 2 minutes or until AED is ready to analyze. ❑ Apply AED pads to patient's chest. ❑ Clear patient and analyze. ❑ If shock advised, clear patient and shock at 360 J. ❑ If no shock advised, check a pulse.

	• Practitioner places the heel of one hand in the center of the chest between the nipples and places the other hand on top of the first hand • For very small children, the practitioner may use either 1 or 2 hands for chest compressions • Depth of compressions 1/3 to1/2 the depth of the chest • CPR for 2 minutes or until AED ready to analyze
☐	Second practitioner arrives with the AED and turns it on • Integration of the AED needs to be done with minimal interruption of CPR
☐	Second practitioner selects proper pads and places the pad in the correct location
☐	Second practitioner clears the victim so AED can analyze • If "no shock advised" check a pulse • If "shock advised" deliver shock • If shock is indicated, second practitioner assures all individuals are clear prior to shock
☐	After confirming patient is clear, second practitioner presses the shock button
☐	Second practitioner will administer first cycle of 15 chest compressions
☐	First practitioner will administer 2 ventilations by barrier device; confirm chest rise and fall (only give enough breath to make the chest rise, 1 second each)
☐	Second practitioner will administer second cycle of 15 chest compressions
☐	First practitioner will administer 2 ventilations by barrier device; confirm chest rise and fall (only give enough breath to make the chest rise, 1 second each)
☐	After 2 minutes or 10 cycles practitioners will switch places with minimal interruptions
☐	After 2 minutes, AED should reanalyze patient's rhythm • If "no shock advised" check a pulse • If "shock advised" deliver shock • If "no shock" is advised and patient does not have a pulse, CPR should be continued starting with chest compressions
☐	Administer post resuscitation care • Once signs of life are detected
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish Unresponsiveness
☐	Open the airway
☐	Assess breathing

☐	Provide 2 ventilations
☐	Assess carotid pulse
☐	Perform adequate CPR
☐	Integration and proper use of AED with minimal interruption of CPR
☐	Assure all individuals are clear prior to shock
☐	Does not interrupt CPR to check for a pulse other than the initial pulse check or if AED advises “no shock”

Cardio Pulmonary Resuscitation – (Continued)

Skill: **NEWBORN / NEONATAL RESUSCITATION**

Description:

☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	To anticipate the need for resuscitation, determine: • Term gestation? • Amniotic fluid clear? • Breathing or crying? • Good muscle tone?
☐	Provide routine newborn care to include: • Provide a warm environment • Position the head in a "sniffing" position to open the airway • Clear the airway with a bulb syringe or suction catheter • Dry the newborn and stimulate breathing
☐	Evaluate respirations, heart rate, and color

If breathing, heart rate > 100, and pink;.	If breathing, heart rate > 100, but cyanotic;.	If apneic or heart rate <100;
Observe and provide routine care	Provide supplemental oxygen	Provide positive pressure ventilation with oxygen at 40-60 breaths/minute.
May place with mother but transport the stable newborn in a warm environment within an infant car seat that is secured within the ambulance.	Examine for central cyanosis at the face trunk and mucous membranes. Cyanosis of the hands and feet only is usually a normal finding if the infant is vigorous, breathing and heart rate >100	Positive pressure ventilation should use the minimum volume and pressure to achieve chest rise and/or achieve or maintain a heart rate > 100

☐	Assess the response to prior interventions and determine next appropriate actions

If effective breathing, heart rate >100 and pink skin color; Immediately transport and reassess frequently.	If heart rate between 60-100; provide positive pressure ventilation with oxygen at 40-60 breaths/minute and immediately transport.	If heart rate is < 60; provide positive pressure ventilation and administer chest compressions at a 3:1 ratio to provide approximately 90 compressions and 30 ventilations per minute - Draw an imaginary line between patient's nipples - Place both thumbs side by side in the center of the newborn's chest on the breastbone, just below this line - Encircle the newborn's chest and support the newborn's back with the finger of both hands - With hands encircling the chest, use both thumbs to depress the breastbone approximately 1/3 to ½ the depth of the newborn's chest

☐	Immediately transport and reevaluate respiratory effort, heart rate, and color every 30 seconds during the initial care until it is clear the newborn is stable. • Newborns that required resuscitation are at risk for deterioration and should be transported in the environment that permits frequent reassessment. • Transport under the care of ALS personnel is ideal if available.

CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open airway
☐	Assess breathing
☐	Provide ventilation
☐	Assess brachial or apical pulse
☐	Perform adequate CPR
☐	Takes appropriate action if the heart rate does not rise

Appendix C

Foreign Body Airway Obstruction

Skill: **Foreign Body Obstructed Airway - Conscious to Unconscious Adult/Child** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety

☐	Ask the victim if he or she is choking and advise that you are there to help
	• If patient nods yes and cannot talk, severe airway obstruction is present
	• If patient shows the universal sign of choking, hands around the throat
	• Or shows any of the following signs
	  o Poor or no air exchange
	  o Weak, ineffective cough or no cough at all
	  o High pitched noise while inhaling or no noise at all
	  o Increased respiratory difficulty
	  o Cyanosis (unable to move air)

☐	Stand or kneel behind the patient
☐	Make a fist with one hand
☐	Place the thumb side of your fist against the patient's abdomen, in the midline, slightly above the navel and well below the breastbone
☐	Grasp your fist with the other hand and press your fist into the patient's abdomen with a quick upward thrust
☐	Repeat thrust until the object is expelled from the airway or the victim becomes unresponsive
☐	If victim becomes unresponsive, gently lower patient to the floor, protecting head and neck
☐	Establish unresponsiveness
☐	Open the airway using the head tilt-chin lift method
☐	Visualize mouth (If object is visible, carefully remove it; ***NO blind finger sweep***)
☐	Assess patient's breathing
☐	If patient is not breathing, attempt to ventilate, by barrier device
☐	If air does not go in and chest does not rise and fall, reposition the head and reattempt to ventilate

☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform age appropriate CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patient's mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
☐	Check pulse

- **No** breathing and **no** pulse, perform age appropriate CPR starting with chest compressions and attach the AED (if available) - In a child if the heart rate is less than 60/minute and with signs of poor circulation perform CPR starting with chest compressions	- **No** breathing and **pulse present**, provide ventilations 1 every 5-6 seconds for an adult or 1 every 3-5 seconds for a child, checking for a pulse every 2 minutes	- Breathing and pulse present, administer post resuscitation care

☐	**Note:** If at any time air does not go in and chest does not rise and fall, reposition the head and reattempt to ventilate
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform age appropriate CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patient's mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
	CRITICAL CRITERIA
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Recognize patient has a severe airway obstruction and needs assistance; asks victim "are you choking"
☐	Give repeated abdominal thrust until effective or patient becomes unresponsive
☐	Confirm patient is unresponsive
☐	Open airway
☐	Visualize mouth
☐	Assess breathing

☐	Attempt to ventilate
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered

Skill: **Foreign Body Obstructed Airway - Unconscious Adult/Child**

Description:

☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Establish unresponsiveness
☐	Open the airway using the head tilt-chin lift method
☐	Assess patients breathing
☐	If patient is not breathing, attempt to ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, reposition the head and reattempt to ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform age appropriate CPR starting with chest compressions (30 compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
☐	Check pulse

- **No** breathing and **no** pulse, perform age appropriate CPR starting with chest compressions and attach the AED (if available) - In a child if the heart rate is less than 60/minute and with signs of poor circulation perform CPR starting with chest compressions	- **No** breathing and pulse present, provide ventilations 1 every 5-6 seconds for an adult or 1 every 3-5 seconds for a child, checking for a pulse every 2 minutes	- Breathing and pulse present administer post resuscitation care

☐	**Note:** If at any time air does not go in and chest does not rise and fall , reposition the head and reattempt to ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform age appropriate CPR starting with chest compressions (30 compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)

☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Confirm patient is unresponsive
☐	Open airway
☐	Visualize mouth
☐	Assess breathing
☐	Attempt to ventilate
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered

Skill: **Foreign Body Obstructed Airway - Conscious to Unconscious Infant** **Description:**	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Assess the infant for: • Poor or no air exchange • Weak, ineffective cough or no cough at all • High pitched noise while inhaling or no noise at all • Increased respiratory difficulty • Cyanosis • Unable to cry • Unable to move air
☐	Kneel or sit with the infant in your lap
☐	Bare the infant's chest
☐	Hold the infant facedown with the head slightly lower than the chest, resting on your forearm
☐	Support the infant's head and jaw with your hand
☐	Rest your forearm on your lap or thigh to support the infant
☐	Deliver 5 back slaps forcefully in the middle of the back between the infant's shoulder blades, using the heel of your hand
☐	After delivering the 5 back slaps, place your free hand on the infant's back, supporting the infant's head with the palm of your hand; infant will be cradled between the two arms
☐	Turn the infant as a unit carefully supporting the head and neck
☐	Hold the infant on his back with your forearm on your thigh, keeping the head lower than the trunk
☐	Provide 5 quick downward chest thrusts (same location as chest compressions, just below the nipple line) at a rate of about 1 per second
☐	Repeat the sequence until the object is removed or infant becomes unresponsive
☐	If infant becomes unresponsive, place infant on a firm, flat surface
☐	Establish unresponsiveness
☐	Open the airway using the head tilt-chin lift method

☐	Visualize mouth (If object is visible, carefully remove it; ***NO blind finger sweep***)
☐	Assess patients breathing
☐	If patient is not breathing, attempt to ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, reposition the head and reattempt to ventilate
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
☐	Check pulse

No breathing and **no** pulse or if the heart rate is less than 60/minute and with signs of poor circulation, perform CPR starting with chest compressions	**No** breathing and pulse present, provide ventilations 1 every 3-5 seconds checking for a pulse every 2 minutes	Breathing and pulse present, administer post resuscitation care

☐	**Note:** If at any time air does not go in and chest does not rise and fall reposition the head and reattempt to ventilate
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precautions and ensure scene safety
☐	Confirm patient is unresponsive
☐	Open airway
☐	Visualize mouth

☐	Assess breathing
☐	Attempt to ventilate
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered

Skill: **Foreign Body Obstructed Airway - Unconscious Infant**

Description:

☐	Use appropriate body substance isolation and ensure scene safety
☐	Establish unresponsiveness
☐	Open the airway using the head tilt-chin lift method
☐	Visualize mouth (If object is visible, carefully remove it; ***NO blind finger sweep***)
☐	Assess patients breathing
☐	If patient is not breathing, attempt to ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, reposition the head and reattempt to Ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
☐	Check pulse

- **No** breathing and **no** pulse or if the heart rate is less than 60/minutes and with signs of poor circulation perform CPR starting with chest compressions	- **No** breathing and pulse present provide ventilations 1 every 3-5 seconds checking for a pulse every 2 minutes	- Breathing and pulse present administer post resuscitation care

☐	**Note:** If at any time air does not go in and chest does not rise and fall, reposition the head and reattempt to Ventilate by barrier device
☐	If air does not go in and chest does not rise and fall, remove the barrier device and perform CPR starting with chest compressions (30 chest compressions and 2 ventilations)
☐	Visualize patients mouth every time the airway is open before ventilations, if you see an object remove it (**NO blind finger sweep**)

☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered
CRITICAL CRITERIA	
☐	Use appropriate body substance isolation precaution and ensure scene safety
☐	Confirm patient is unresponsive
☐	Open airway
☐	Visualize mouth
☐	Assess breathing
☐	Attempt to ventilate
☐	Provide chest compressions, ventilations and visualization until 2 breaths are successfully delivered