

2012 CBT 434-EMT12 Cardiovascular Emergencies
EMERGENCY MEDICAL SERVICES (11/22/2011) MH

SKILLS CHECKLIST
FOR RECERTIFICATION

CBT 434-EMT 12 Cardiovascular Emergencies

Student Name

Recert Yes No

Date

Written Score

(online / other)

NAME <small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner, appropriate equipment and a patient with a cardiac complaint, demonstrate appropriate assessment and treatment as outlined in CBT 434-EMT12 and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

- BSI Scene Safety Determines MOI/NOI Number of Patients Additional Resources

INITIAL ASSESSMENT (must verbalize)

- | | | | | | |
|--|----------------------------------|------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Mental Status | <input type="checkbox"/> Airway | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Body Position | <input type="checkbox"/> NOT SICK | |

SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **time of onset** of complaint, signs or symptoms (*appreciates the need for rapid transport*)
- Obtains names/dosages of current **medications** and were any taken – (e.g., Viagra, Cialis, Levitra, NTG)

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs** - listens to **lung sounds** and compares sides
- Performs appropriate **medical / trauma exam** — exposes/checks for bleeding and/or injuries
- Connects monitoring leads and monitors patient (if trained to do so and if appropriate)
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes **impression** (i.e. – Acute Coronary Syndrome [ACS])
- Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) | <input type="checkbox"/> Places monitor on pt. (<i>if trained</i>) |
| <input type="checkbox"/> Reports APS to Dispatch | <input type="checkbox"/> Considers Index of Suspicion |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (<i>as indicated</i>) | <input type="checkbox"/> Glucometry (<i>if indicated</i>) |
| <input type="checkbox"/> Properly positions patient | <input type="checkbox"/> Oximetry |
| <input type="checkbox"/> Properly assists with patient's nitroglycerine (<i>if indicated</i>) | <input type="checkbox"/> Administers Aspirin (325mg) |
| | <input type="checkbox"/> Initiates "Code ACS" |
| | <input type="checkbox"/> "On-scene" time <15 min (<i>when possible</i>) |
| | <input type="checkbox"/> Performs pt. reassessment |

CRITICAL (FAIL) CRITERIA

DID NOT...

- Take/verbalize **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Properly administers **oxygen**
- Indicate need for **ALS and/or immediate transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

MEETS STANDARDS (RECERT)

- YES NO
2nd ATTEMPT
 YES NO

<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>	<small>IF NO EXPLAIN</small>
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