

APPENDICES
DISCLAIMER

The content found within these appendices was meant to provide the EMS educator with additional training resources. It is by no means an all-inclusive section containing procedural and performance check sheets and flowcharts for the EMT-Basic curriculum.

State of Wisconsin
EMT Basic Curriculum Review and Revision –
A Practice Based Approach to EMS Education
EMS Education Committee and the WTCSB Advisory Council
February 2006
Linda Pace, Subcommittee Chair
Module Content and Objectives Tally

| Module 1 | PREPARATORY | Number of Objectives |
|-----------------|---|-----------------------------|
| 1-1 | Introduction to Emergency Care | 11 |
| 1-2 | Well-Being of the EMT Basic | 16 |
| 1-3 | Medical/Legal and Ethical Issues | 18 |
| 1-4 | Topographical Anatomy and Directional Terms | 1 |
| 1-5 | Lifting and Moving Patients | 15 |
| 1-6 | Preparatory: Evaluation | 10 |
| | | TOTAL 71 |

| Module 2 | PATIENT ASSESSMENT | Number of Objectives |
|-----------------|--|-----------------------------|
| 2-1 | Scene Size-up | 11 |
| 2-2 | Initial Assessment | 28 |
| 2-3 | Baseline Vital Signs, SAMPLE History and The Use of Pulse Oximetry | 42 |
| 2-4 | Focused History and Physical Exam: Trauma | 8 |
| 2-5 | Focused History and Physical Exam: Medical | 7 |
| 2-6 | Detailed Physical Exam | 6 |
| 2-7 | On-Going Assessment | 7 |
| 2-8 | Communications | 13 |
| 2-9 | Documentation | 12 |
| 2-10 | Critical Thinking | 9 |
| 2-11 | Age Extremes: Geriatrics and Pediatrics | 20 |
| 2-12 | Practical Lab: Patient Assessment | 33 |
| 2-13 | Evaluation: Patient Assessment | 33 |
| | | TOTAL 229 |

| Module 3 | AIRWAY | Number of Objectives |
|-----------------|--|-----------------------------|
| 3-1 | Airway | 74 |
| 3-2 | Practical Lab: Basic Airway Management | 3 |
| 3-3 | Advanced Airway and Practical Lab | 12 |
| 3-4 | Evaluation: Basic and Advanced Airway Management | 3 |
| | | TOTAL 92 |

| Module 4 | MEDICAL EMERGENCIES | Number of Objectives |
|-----------------|---|-----------------------------|
| 4-1 | General Pharmacology | 17 |
| 4-2 | Respiratory Emergencies | 23 |
| 4-3 | Cardiac Emergencies | 66 |
| 4-4 | Diabetic Emergencies/Altered Mental Status | 38 |
| 4-5 | Severe Allergic Reactions | 18 |
| 4-6 | Poisoning/Overdose | 15 |
| 4-7 | Environmental Emergencies | 12 |
| 4-8 | Behavioral Emergencies | 12 |
| 4-9 | Obstetrics/Gynecology | 32 |
| 4-10 | Acute Abdomen | 10 |
| 4-11 | Practical Lab: Medical/Behavioral and Obstetrics/Gynecology | 30 |
| 4-12 | Evaluation: Medical/Behavioral and Obstetrics/Gynecology | 30 |
| | | TOTAL 303 |

| Module 5 | TRAUMA | Number of Objectives |
|-----------------|--|-----------------------------|
| 5-1 | Injury Patterns and Bleeding and Shock | 42 |
| 5-2 | Soft Tissue Injuries | 41 |
| 5-3 | Musculoskeletal Care | 16 |
| 5-4 | Injuries to the Head and Spine | 55 |
| 5-5 | Practical Lab: Trauma | 12 |
| 5-6 | Evaluation: Trauma | 11 |
| | | TOTAL 177 |

| Module 6 | OPERATIONS, HAZMAT, MCI & WMD | Number of Objectives |
|-----------------|--|-----------------------------|
| 6-1 | Ambulance Operations | 24 |
| 6-2 | Gaining Access | 8 |
| 6-3 | Overviews | 15 |
| 6-4 | Weapons of Mass Destruction | 22 |
| 6-5 | Evaluation: Operations and WMD | 8 |
| | | TOTAL 77 |

TOTAL of EMT Basic Objectives 949

**EMT-BASIC REVISED/ENHANCED CURRICULUM
STATE OF WISCONSIN****February 2006**

4-HOUR SESSIONS Sample Template

*combined, alternative delivery formats should be considered, throughout the curriculum, where deemed applicable

SECTION 1: PREPARING TO BE AN EMT

| SESSION | TOPIC | READING ASSIGNMENT |
|----------------|---|---------------------------|
| 1-1 | Introduction | |
| 1-2 | Well-Being of the EMT | * |
| 1-3 | Medical/Legal/Ethical Issues | |
| 1-4 | Topographical Anatomy and Directional Terms | * |
| 1-5 | Lifting and Moving Patients | |
| 1-6 | Preparatory: Evaluation | |

SECTION 2: PATIENT ASSESSMENT

| SESSION | TOPIC | READING ASSIGNMENT |
|-----------------|--|---------------------------|
| 2-1 | Scene Size-up | |
| 2-2 | Initial Assess | |
| 2-3 | Baseline Vital Signs and SAMPLE History & Pulse Oximetry | |
| 2-4 | Focused History & Physical Exam-Trauma | |
| 2-5 | Focused History & Physical Exam: Medical | |
| 2-6 | Detailed Physical Exam | |
| 2-7 | On-going Assessment | |
| 2-8 | Communications and Documentation | |
| 2-9 | Critical Thinking | |
| 2-10 | | |
| 2-11 | Age Extremes: Geriatrics and Pediatrics | |
| 2-12 | Assessment Practical | |
| 2-12, continued | Assessment Practical | |
| 2-13 | Patient Assessment: Evaluation | |

SECTION 3: AIRWAY MANAGEMENT

| SESSION | TOPIC | READING ASSIGNMENT |
|----------------|---------------------------------|---------------------------|
| 3-1 | Airway Management | |
| 3-2 | Airway Practical | |
| 3-3 | Advanced Airway & Practical Lab | |
| 3-3, continued | Advanced Airway & Practical Lab | |
| 3-4 | Airway Management: Evaluation | |

SECTION 4: MEDICAL EMERGENCIES

| SESSION | TOPIC | READING ASSIGNMENT |
|-----------------|--|--------------------|
| 4-1 | Pharmacology | * |
| 4-2 | Respiratory Emergencies | |
| 4-3 | Cardiac Emergencies | |
| 4-4 | Diabetic Emergencies/Altered Mental Status | * |
| 4-5 | Severe Allergic Reactions | * |
| 4-6 | Poisoning/Overdose | * |
| 4-7 | Environmental Emergencies | * |
| 4-8 | Behavioral Emergencies | |
| 4-9 | Obstetrics/Gynecology | |
| 4-10 | Acute Abdomen | |
| 4-11 | Medical Emergencies Practical Lab | |
| 4-11, continued | Medical Emergencies Practical Lab | |
| 4-11, continued | Medical Emergencies Practical Lab | |
| 4-12 | Medical Emergencies: Evaluation | |

SECTION 5: TRAUMA

| SESSION | TOPIC | READING ASSIGNMENT |
|----------------|---|--------------------|
| 5-1 | Injury Patterns and Bleeding & Shock | * |
| 5-2 | Soft Tissue Injury | |
| 5-2, continued | Specific Soft Tissue Injuries-Eye, Face, Throat, Chest, Abdomen | |
| 5-3 | Musculoskeletal Care | |
| 5-4 | Injuries to the Head and Spine | |
| 5-5 | Trauma Practical Lab | |
| 5-5, continued | Trauma Practical Lab | |
| 5-6 | Trauma: Evaluation | |

SECTION 6: OPERATIONS, HAZMAT, MCI, WMD

| SESSION | TOPIC | READING ASSIGNMENT |
|---------|----------------------|--------------------|
| 6-1 | Ambulance Operations | * |
| 6-2 | Gaining Access | * |
| 6-3 | Overviews | * |
| 6-4 | WMD | * |
| 6-5 | Evaluation | |

FINAL EVALUATIONS and NREMT PREPARATION

| | | |
|--|----------------------------|--|
| | Final Written Evaluation | |
| | NREMT Prep/Practical | |
| | NREMT Prep/Practical | |
| | NREMT Prep/Practical | |
| | Final Practical Evaluation | |

A Case Study Approach to Patient Assessment-Utilizing a Critical Thinking Process

Ask the following questions to unfold a sequential case presentation:

- 🚒 What significant findings are disclosed during the Scene Size-up?
- 🚒 What significant findings are disclosed during the Initial Assessment?
- 🚒 As the chief complaint is discovered, what is/are your concern(s) for the patient?
- 🚒 Does evaluation of the patient's mental status raise any concerns?
- 🚒 What body systems are being affected by the current condition?
- 🚒 What diagnostic measures should be sought that would provide a broader base of information about your patient's status?
- 🚒 What interventions and immediate actions should be initiated at this point?
- 🚒 How serious is this patient's situation, and how do you determine this?
- 🚒 What is significant about the presenting signs and symptoms?
- 🚒 What is the relationship between the chief complaint and presenting signs and symptoms? What is the relationship between vital signs, cc and s/s?
- 🚒 What are some possible causes of the patient's current condition?
- 🚒 What physical assessment findings might be relevant to the current situation?
- 🚒 What treatment is appropriate?
- 🚒 What is significant about the patient's history?
- 🚒 Is there any correlation with the current situation and the patient's PMH?
- 🚒 Do the patient's medications have relevance to current situation?
- 🚒 What assessment components should be reevaluated? What might you expect to discover?
- 🚒 What additional information can be obtained by repeating vital signs?
- 🚒 What additional information might be obtained by repeating a focused history and physical exam?
- 🚒 What reason(s) might exist that would warrant modifying or revising the current treatment plan?

CRITICAL THINKING**The 6 R's****Read** the Scene

- ✓ Safety issues and hazards
- ✓ General environmental conditions
- ✓ Evaluate immediate surroundings
- ✓ MOI/NOI

Read the Patient

- ✓ Observe the patient
 - Level of consciousness / distress
 - Skin color, condition, temperature
 - Position and location of patient - obvious deformity or asymmetry
- ✓ Talk to the patient
 - Determine the chief complaint
 - New problem or worsening of preexisting condition
- ✓ Touch the patient
 - Skin temperature and moisture
 - Pulse rate, strength and regularity
- ✓ Auscultate the patient
 - Identify problems with the lower airway
 - Identify problems with the upper airway
- ✓ Status of ABC's - identify life-threats
- ✓ Trends in vital signs which help identify changes in pt status and priority

React

- ✓ Address life-threats in the order they are discovered - ABC's
- ✓ Determine the most common and statistically probable cause of MOI/NOI that fits the patient's initial presentation (signs and symptoms)
- ✓ Consider the most serious condition or cause that fits the patient's initial presentation (signs and symptoms)
- ✓ If a clear medical problem is elusive, treat based on presenting signs and symptoms

Reevaluate

- ✓ Rapid, detailed and ongoing assessments
- ✓ Focused history and PMH
- ✓ Response to initial management/ interventions
- ✓ Discovery of less obvious problems
- ✓ Differential diagnosis

Revise Management Plan

- ✓ If what you are doing isn't working, search for additional information and make appropriate modifications
- ✓ Come up with revised working assessment/field impression and/or management plan

Review Performance

- ✓ Run critique

Faculty Guidelines for Scenarios

Hints

When providing the students with scenarios, you may find some of these tips helpful.

- Watch the students, not your paperwork.
- Provide a scenario that is realistic.
- Get a picture of the patient and situation in your own mind first.
- Provide the students with vitals as soon as they ask (Verbally or non-verbally).
- If the student's hand position is not correct, prompt that they can not palpate anything there.
- If the treatment provided is not appropriate, change the patient's appearance and vitals appropriately.
- Respond to the team leader's questions or requests first. You may answer team members as long as the leader as directed them to do something but make sure you do not distract or ignore the team leader.
- Provide appropriate vitals. (See examples below)
- Initial vitals should be qualitative versus quantitative. i.e. Pulse fast and weak vs. 140 and weak. If the student demands a number, make them wait the 15 seconds to actually count.
- Blood pressures should not be provided until the BP cuff is placed.
- Lung sounds should be provided only if the stethoscope is in the proper position. Many times the stethoscope is to low on the chest.

Appropriate Initial Vitals for Isolated Conditions

| Condition | Pulse | Change | Resp | Change | Skin | BP* | Change |
|-------------|-------|----------|-------------|----------|-------------------|--------|--------------------|
| Head | Low | decrease | abnormal | decrease | Pink, warm | High | increase |
| Respiratory | Fast | increase | Fast | increase | Blue, moist | normal | decrease |
| Spinal | Slow | steady | slow-normal | none | pink warm dry** | low | decrease to steady |
| Blood loss | Fast | increase | fast | increase | cool, moist, pale | low | decrease |

* Start BP's near normal and then have them change, except spinal shock. Have spinal shock start low.

**Late Spinal Shock will have pale-cool-dry skin.

Scenario Development Worksheet

Scenario Title _____

Scenario Goal _____

Scenario Objectives: During this scenario the participants will be expected to:

1. _____
2. _____
3. _____

Prerequisite Competencies

Cognitive _____

Psychomotor _____

Affective _____

Performance Expectations

Novice versus Expert _____

Skill Focus versus Management _____

Bloom Level _____

(Cognitive, Psychomotor, Affective) _____

Scenario Roles (Describe and Assign)

Bystander/Family Member _____

Patient _____

Lead Provider _____

Assistant Provider(s) _____

Other (Recorder, Medical Control, PD, etc) _____

Higher Level (Critical) Thinking Issues

Cognitive _____

Psychomotor _____

Affective _____

Required Materials

Moulage/Props _____

Medical Equipment _____

Other _____

Assessment and Management Scenario Template

Dispatch:

Arrive to find:

Assessment should reveal:

- Airway
- Breathing
- Pulse
- Blood pressure
- Pupils
- Lung sounds
- Skin pale
- History
 - S-
 - A-
 - M-
 - P-
 - L-
 - E-
 - O-
 - P-
 - Q-
 - R-
 - S-
 - T-
- Injuries

Moulage:

**Treatment
Basic:**

Patient Response:

ALS:

Higher Level Questions or Affective Issues:

Scenario Evaluation Student Name _____

Score 0=Not done or incorrect, 1=only partially, 2=Adequate Score

Scene Size-Up _____

- PPE*
- Scene Safety*
- Mechanism
- # of Patients

Initial Assessment* _____

- Airway or Airway w/C-spine*
- LOC
- Breathing
- Circulation
- Identify Load and Go or Rapid Intervention

Rapid Trauma Assessment or Rapid Medical Assessment _____

- Pupils to Patella w/Distal PMS (Trauma)
- Or Pupils to Abdomen, distal PMS and History (Medical)

Patient Management _____

- Airway, Breathing, O2
- Indicated Trauma Interventions
- Indicated Medical Interventions
- Treats non life-threatening injuries after life-threatening injuries

Communications (Affective) _____

- With bystanders, patient, Medical Control

Ongoing Assessment _____

- Performs assessment after each major intervention
- Performs focused/detailed physical and history

Pathophysiology _____

- Understands pathophysiology

Total Score _____

Needed to pass 13 with no zeroes

Comments:

Evaluator Name _____

Signature _____ Date _____

*-Indicates Auto fail if not performed

**EMT-Basic PATIENT ASSESSMENT
MEDICAL**

SCENE SIZE-UP (READ the scene)

- Scene safe?
- PPE/BSI?
- MOI/NOI?
- How many patients?
- Need additional help?
- Consideration for c-spine?

INITIAL ASSESSMENT (READ the patient) (REACT to life-threats)

- General impression (age, gender, CC, environmental clues)
- LOC-AVPU (GCS if appropriate)
- Airway (interventions) & c-spine considerations
- Breathing (interventions)
- Circulation (pulses, skin condition, major bleeding, monitor)
- Differential Diagnosis/Field Impression
- Expose (as needed)
- Prioritize patient status and make Transport Decision
- Interventions (as needed, initiated throughout)

FOCUSED HISTORY AND PHYSICAL EXAM (REEVALUATE & REVISE)

| UNRESPONSIVE MEDICAL | RESPONSIVE MEDICAL |
|---|---|
| Rapid Assessment | OPQRST |
| Baseline Vital Signs | SAMPLE History |
| SAMPLE History | Baseline Vital Signs |
| Information from family/bystanders? | Appropriate Physical Exam |
| OPQRST | Reevaluates Field Impression & Transport Decision |
| Information from family/bystanders? | Identify/Initiate Management Plan |
| Reevaluates Field Impression & Transport Decision | |
| Identify/Initiate Management Plan | |

DETAILED PHYSICAL EXAM (for unresponsive patient) (REEVALUATE/REVISE)

Perform a thorough physical assessment from head-to-toe if needed

ON-GOING ASSESSMENT (REEVALUATE/REVISE)

- Repeat Initial Assessment (eg. CC, LOC, ABCs, Priority)
- Repeat Vital Signs
- Recheck interventions
- Evaluates response to treatment

REVIEW performance at run critique

**EMT-Basic PAIENT ASSESSMENT
TRAUMA**

SCENE SIZE-UP (READ the scene)

- Scene safe?
- PPE/BSI?
- MOI/NOI?
- How many patients?
- Need additional help?
- Consideration for c-spine?

INITIAL ASSESSMENT (READ the patient) (REACT to life-threats)

- General impression (age, gender, CC, environmental clues)
- LOC-AVPU (GCS if appropriate)
- Airway (interventions) & c-spine considerations
- Breathing (interventions)
- Circulation (pulses, skin condition, major bleeding)
- Differential Diagnosis/Field Impression
- Expose (as needed)
- Prioritize patient status and make Transport Decision
- Interventions (as needed, initiated throughout)

FOCUSED HISTORY AND PHYSICAL EXAM (REEVALUATE & REVISE)

| SIGNIFICANT INJURY | NON-SIGNIFICANT INJURY |
|---|---|
| Rapid Trauma Assessment | Injury specific exam |
| Baseline Vital Signs | Baseline Vital Signs |
| SAMPLE History | SAMPLE History |
| OPQRST | OPQRST |
| Reevaluates Field Impression & Transport Decision | Reevaluates Field Impression & Transport Decision |
| Identify/Initiate Management Plan | Identify/Initiate Management Plan |

DETAILED PHYSICAL EXAM (for significant injury) REEVALUATE/REVISE)

Perform a thorough physical assessment from head-to-toe

ON-GOING ASSESSMENT (REEVALUATE/REVISE)

- Repeat Initial Assessment (eg. CC, LOC, ABCs, Priority)
- Repeat Vital Signs
- Recheck interventions
- Evaluate response to treatment

REVIEW performance at run critique

**EMT BASIC
PATIENT ASSESSMENT - MEDICAL
CHECKLIST**

Group/Rescue#: _____ Student Name (conducting assessment): _____
 Scenario Description: _____ DATE: _____

Place number of points earned in each area when completed; provide end tally at bottom

| SCENE EVALUATION | |
|---|--|
| | Identifies scene safety and use of PPE/BSI (2pts) |
| | Determines NOI, number of patients and need for additional resources (3pts) |
| | Considers need for spinal immobilization (1pt) |
| INITIAL ASSESSMENT | |
| | Verbalizes general impression – age, gender, chief complaint and environmental clues (4pts) |
| | Determines mental status/AVPU/GCS (1pt) |
| | Assesses airway/reconsiders spinal immobilization/initiates management (2pts) |
| | Assesses breathing status/initiates interventions 1pts) |
| | Assesses circulation: radial/carotid pulses, skin-condition, color, temp/major bleeding controlled/initiates management plan (3pts) |
| | Creates field impression/differential diagnosis (1pt) |
| | Exposes patient as needed (1pt) |
| | Prioritizes patient and makes transport decision (1pt) |
| FOCUSED HISTORY and PHYSICAL EXAM | |
| <i>UNRESPONSIVE PATIENT</i> | <i>RESPONSIVE PATIENT</i> |
| Conducts a rapid assessment (1pt) | Obtains OPQRST (1pt) |
| Obtains Baseline Vital Signs (5pts) | Gathers SAMPLE Hx (1pt) |
| Gathers SAMPLE Hx (family, bystanders) (1pt) | Obtains Baseline Vital Signs (5pts) |
| Gathers OPQRST (family, bystanders) (1pt) | Conducts an appropriate physical assessment (1pt) |
| Reevaluates field imp & transport decision (1pt) | Reevaluates field imp & transport decision (1pt) |
| Identifies/Initiates management plan (1pt) | Identifies/Initiates management plan (1pt) |
| DETAILED PHYSICAL EXAM | |
| | Performs a thorough physical assessment (for unresponsive patient only) (1pt) |
| ON-GOING ASSESSMENT | |
| | Repeats initial assessment (1pt) |
| | Repeats vital signs (1pt) |
| | Reevaluates/rechecks interventions (1pt) |
| | Evaluates response to treatment (1pt) |

- Successful (25-35 pts)
- Unsuccessful (< 25 pts)

EVALUATOR (SIGN): _____
 DATE: _____

Comments:

**EMT BASIC
PATIENT ASSESSMENT - TRAUMA
CHECKLIST**

Group/Rescue #: _____ Student Name (conducting assessment): _____
 Scenario Description: _____ DATE: _____

Place number of points earned in each area when completed; provide end tally at bottom

| SCENE EVALUATION | |
|---|---|
| | Identifies scene safety and use of PPE/BSI (2pts) |
| | Determines MOI, number of patients and need for additional resources (3pts) |
| | Considers need for spinal immobilization (1pt) |
| INITIAL ASSESSMENT | |
| | Verbalizes general impression – age, gender, chief complaint and environmental clues (4pts) |
| | Determines mental status/AVPU/GCS (1pt) |
| | Assesses airway/reconsiders spinal immobilization/initiates management (2pts) |
| | Assesses breathing status/initiates interventions (1pt) |
| | Assesses circulation: radial/carotid pulses, skin-condition, color, temp/major bleeding controlled/initiates management plan (3pts) |
| | Creates field impression/differential diagnosis (1pt) |
| | Exposes patient as needed (1pt) |
| | Prioritizes patient and makes transport decision (1pt) |
| FOCUSED HISTORY and PHYSICAL EXAM | |
| <i>SIGNIFICANT INJURY</i> | <i>NON-SIGNIFICANT INJURY</i> |
| Conducts a rapid trauma assessment (1pt) | Conducts an injury specific assessment (1pt) |
| Obtains Baseline Vital Signs (5pts) | Obtains Baseline Vital Signs (5pts) |
| Gathers SAMPLE History (1pt) | Gathers SAMPLE History (1pt) |
| Gathers OPQRST (1pt) | Gathers OPQRST (1pt) |
| Reevaluates field imp & transport decision (1pt) | Reevaluates field imp & transport decision |
| Identifies/Initiates management plan (1pt) | Identifies/Initiates management plan |
| DETAILED PHYSICAL EXAM | |
| Performs a thorough physical assessment (for significant injury only) (1pt) | |
| ON-GOING ASSESSMENT | |
| | Repeats initial assessment (1pt) |
| | Repeats vital signs (1pt) |
| | Reevaluates/rechecks interventions (1pt) |
| | Evaluates response to treatment (1pt) |

- Successful (25-35pts)
- Unsuccessful (<25 pts)

EVALUATOR (sign): _____
 DATE: _____

Comments:

**EMT BASIC
PATIENT SCENARIO MANAGEMENT
CHECKLIST**

NAME: _____

DATE: _____

COURSE LOCATION: _____

✓ Place one checkmark in each evaluative area that best reflect the student performance

| SCENE MANAGEMENT | |
|---|---|
| 3 | Recognized scene hazards and managed all safety aspect – team members, patient, bystanders |
| 2 | Recognized scene hazards but did not manage safety aspects |
| 1 | Attempt to manage scene hazards failed |
| 0 | Did not recognize scene hazards and failed to manage safety |
| OVERALL PATIENT ASSESSMENT | |
| 3 | Performed a complete assessment in an organized, thorough and timely manner |
| 2 | Performed a complete assessment but in a disorganized manner |
| 1 | Performed an incomplete assessment |
| 0 | Performed an incomplete assessment, in a disorganized manner |
| FIELD IMPRESION and PATIENT MANAGEMENT PLAN | |
| 3 | Utilized assessment findings to create a field impression and initiate a patient management plan |
| 2 | Utilized assessment findings to create a field impression but did not initiate appropriate management |
| 1 | Did not create a field impression and inadequately managed the patient |
| 0 | Failed to manage the patient appropriately |
| PERSONAL COMMUNICATIONS | |
| 3 | Communicated well with crew, patient and bystanders/family |
| 2 | Communicated fairly well with crew and patient |
| 1 | Exhibited poor communication skills |
| 0 | Unable to communicate effectively |
| RADIO REPORT | |
| 3 | Conducted an organized, accurate and brief radio report |
| 2 | Conducted an accurate but disorganized report |
| 1 | Provided an inadequate radio report |
| 0 | Provided no radio report |

- Successful (10-15 pts)
- Unsuccessful

EVALUATOR (sign): _____

DATE: _____

Comments:

EMT BASIC ADMINISTRATION OF ACTIVATED CHARCOAL

PROCEDURE CHECKLIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| | |
|--|---|
| | Contact medical control |
| | Report assessment findings including signs and symptoms of ingested overdose |
| | Report prior interventions |
| | Request implementation of activated charcoal protocol |
| | Confirm orders from medical control |
| | Explain procedure and solicit patient consent |
| | Check expiration date |
| | Rule out allergies |
| | Confirm right medication, right patient, right route |
| | Confirm dosage of 1g activated charcoal per 1kg patient body weight |
| | Instruct patient to swallow, consuming entire dose |
| | Continue to monitor patient status, maintain open airway |
| | Repeat dosage per medical direction, if requested |
| | Document administration data and time |
| | <ul style="list-style-type: none"> ○ Time, name, dose, route of medication ○ Patient's tolerance of procedure ○ Name of medical control physician authorizing administration ○ Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
DATE: _____

EMT BASIC
ADMINISTRATION OF NEBULIZED ALBUTEROL
 PROCEDURE CHECKLIST

NAME: _____
 DATE: _____
 COURSE LOCATION: _____

| |
|---|
| Contact medical control |
| Report assessment findings |
| Report prior interventions and use of inhaler or nebulizer |
| Request implementation of protocol |
| Confirm orders from medical control |
| Explain procedure and solicit patient consent |
| Check expiration date |
| Confirm right medication, right patient, right route |
| Rule out allergies |
| Confirm dosage 2.5 mg albuterol |
| Assemble nebulizer (hand-held or mask) |
| Add pre-measured medication dosage to nebulizer |
| Remove oxygen supply from existing patient adjunct and connect to medication canister |
| Adjust liter flow to 4-6 liters |
| Instruct patient to place the mouthpiece in their mouth and to inhale slowly and deeply |
| Have patient attempt to hold their breath for 1-2 seconds before exhaling |
| Continue in this manner until the medication canister is depleted |
| Continue to monitor patient status |
| Continue oxygen therapy |
| Document administration data and time |
| o Time, name, dose, route of medication |
| o Patient's tolerance of procedure |
| o Name of medical control physician authorizing administration |
| o Name of EMT administering medication |
| Reevaluate patient response to medication administration |

Note: Albuterol and Atrovent may be nebulized simultaneously

EVALUATOR: _____
 DATE: _____

EMT BASIC
ADMINISTRATION OF NEBULIZED ATROVENT
PROCEDURE CHECKLIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| |
|---|
| Contact medical control |
| Report assessment findings |
| Report prior interventions and use of inhaler or nebulizer |
| Request implementation of protocol |
| Confirm orders from medical control |
| Explain procedure and solicit patient consent |
| Check expiration date |
| Confirm right medication, right patient, right route |
| Rule out allergies |
| Confirm dosage 0.5 mg Atrovent |
| Assemble nebulizer (hand-held or mask) |
| Add pre-measured medication dosage to nebulizer |
| Remove oxygen supply from existing patient adjunct and connect to medication canister |
| Adjust liter flow to 4-6 liters |
| Instruct patient to place the mouthpiece in their mouth and to inhale slowly and deeply |
| Have patient attempt to hold their breath for 1-2 seconds before exhaling |
| Continue in this manner until the medication canister is depleted |
| Continue to monitor patient status |
| Continue oxygen therapy |
| Document administration data and time |
| o Time, name, dose, route of medication |
| o Patient's tolerance of procedure |
| o Name of medical control physician authorizing administration |
| o Name of EMT administering medication |
| Reevaluate patient response to medication administration |

Note: Albuterol and Atrovent may be nebulized simultaneously

EVALUATOR: _____
DATE: _____

EMT BASIC
ADMINISTRATION OF ASPIRIN
PROCEDURE CHECKLIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| | |
|--|--|
| | Contact medical control |
| | Report assessment findings including signs and symptoms of chest pain as well as medications patient is currently taking |
| | Report prior interventions |
| | Request implementation of aspirin protocol |
| | Confirm orders from medical control |
| | Explain procedure and solicit patient consent |
| | Check expiration date |
| | Rule out allergies |
| | Confirm right medication, right patient, right route |
| | Confirm dosage 160-325 mg per local protocol (Dane County 240 mg) |
| | Instruct patient to chew the tablet(s) |
| | Continue to monitor patient status |
| | Continue oxygen therapy |
| | Repeat dosage per medical direction, if requested |
| | Document administration data and time |
| | o Time, name, dose, route of medication |
| | o Patient's tolerance of procedure |
| | o Name of medical control physician authorizing administration |
| | o Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
DATE: _____

EMT BASIC
ADMINISTRATION OF EPINEPHERINE 1:1,000
(EpiPen autoinjector)
 PROCEDURE CHECKLIST

NAME: _____
 DATE: _____
 COURSE LOCATION: _____

| |
|---|
| Contact medical control |
| Report assessment findings including signs and symptoms of anaphylaxis |
| Report prior interventions |
| Request implementation of EpiPen protocol |
| Confirm orders from medical control |
| Explain procedure and solicit patient consent |
| Check expiration date |
| Check clarity in clear window |
| Confirm right medication, right patient, right route |
| Rule out allergies |
| Confirm dosage (Adult dose 0.3 mg) (Pediatric dose 0.15 mg) |
| Expose mid-lateral thigh and cleans area with alcohol prep pad |
| Grasp pen by forming fist around the unit (black tip down) NEVER put thumb, fingers or hand over black tip) |
| Remove the gray safety release cap |
| Hold pen in position on lateral thigh at a 90 degree angle |
| Jab until pen clicks holding firmly in place for 10 seconds |
| Remove pen from thigh and massage injection site |
| Immediately dispose of Epi-Pen properly in sharps container |
| Continue to monitor patient status |
| Continue oxygen therapy |
| Repeat dosage per medical direction, if requested |
| Document administration data and time |
| o Time, name, dose, route of medication |
| o Patient's tolerance of procedure |
| o Name of medical control physician authorizing administration |
| o Name of EMT administering medication |
| Reevaluate patient response to medication administration |

EVALUATOR: _____
 DATE: _____

EMT BASIC
ADMINISTRATION OF GLUCAGON
PROCEDURE CHECK LIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| | |
|--|--|
| | Contact medical control |
| | Report assessment findings including signs and symptoms of hypoglycemia and blood glucose measurement |
| | Report prior interventions |
| | Request implementation of glucagon protocol |
| | Confirm orders from medical control |
| | Obtain consent and explain procedure, if possible |
| | Confirm right patient |
| | Rule out allergies |
| | Reconstitute glucagon |
| | <ul style="list-style-type: none"> ○ Inspect package and both vials insuring right medication, dose and expiration date ○ Remove “flip-off” seals from vials ○ Wipe rubber stoppers with alcohol prep-pad ○ Using sterile 3 ml IM syringe, remove needle protector from syringe ○ Draw plunger back to 1ml (cc) mark (syringe now contains 1ml of air) ○ Pierce the center of the stopper of the vial containing the diluting solution with the needle of the syringe ○ Turn the vial upside down and inject the 1 ml of air from the syringe into the vial (this procedure makes it easier to withdraw fluid from vial) ○ Keeping the tip of the needle in the diluent, withdraw fluid from vial into the syringe ○ Remove syringe from vial and pierce the center of the stopper of the vial, containing 1mg powdered glucagon, with the syringe ○ Inject all of the diluent into the glucagon ○ Remove the diluent syringe from the vial and dispose of in sharps container ○ Shake the vial gently until the glucagon dissolves and the solution becomes clear. Note: glucagons should be clear and waterlike in consistency. It should be utilized immediately after reconstituting. ○ Using a new syringe and appropriately sized needle, pierce the center of the rubber stopper and withdraw slightly more of the medication than the ordered dose ○ Remove the needle and syringe from the vial |

| | |
|--|---|
| | <ul style="list-style-type: none"> ○ With the needle pointing upward, gently tap the syringe to move any air bubbles to the top. Gently advance the syringe to the 1 ml mark. (Children less than 20 kg (44 lbs) a dose of 0.5 mg is used). Note: Dosage established by medical control must be administered |
| | Perform the IM injection |
| | <ul style="list-style-type: none"> ○ Cleanse the injection site using an alcohol prep-pad |
| | <ul style="list-style-type: none"> ○ Raise the injection site by pinching or stretching the flesh |
| | <ul style="list-style-type: none"> ○ Insert the needle into the selected and cleansed injection site at a 90 degree angle |
| | <ul style="list-style-type: none"> ○ Aspirate slightly by attempting to withdraw the plunger of the syringe. If no blood is seen to aspirate into the syringe, use light pressure to depress the plunger and inject all the medication. If blood is seen to aspirate, a second site must be used |
| | <ul style="list-style-type: none"> ○ Slowly depress the plunger to administer the injection |
| | <ul style="list-style-type: none"> ○ Wipe the injection site with an alcohol prep-pad |
| | <ul style="list-style-type: none"> ○ Properly dispose of the syringe and needle assembly in an appropriate sharps container and place a band-aid over the injection site |
| | Continue to monitor patient status |
| | Continue oxygen therapy |
| | Repeat dosage per medical direction, if requested |
| | Document administration data and time |
| | <ul style="list-style-type: none"> ○ Time, name, dose, route of medication |
| | <ul style="list-style-type: none"> ○ Patient's tolerance of procedure |
| | <ul style="list-style-type: none"> ○ Name of medical control physician authorizing administration |
| | <ul style="list-style-type: none"> ○ Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
 DATE: _____

EMT BASIC
ADMINISTRATION OF MARK 1 ANTIDOTE KIT
Containing Atropine & 2-PAM Chloride
 PROCEDURE CHECKLIST

NAME: _____
 DATE: _____
 COURSE LOCATION: _____

| | |
|--|---|
| | Use only when: S/S of exposure are present, the scene has been declared the site of a nerve agent release and contact with medical control has been made. |
| | Report assessment findings including signs and symptoms of exposure |
| | Request implementation of MARK 1 protocol for single rescuer |
| | Check expiration date |
| | Confirm right medication, right patient, right route |
| | Rule out allergies |
| | Confirm dosage (2mg Atropine, 600 mg 2-PAM chloride) |
| | Expose mid-lateral thigh and cleans area with alcohol prep pad |
| | Administer Atropine first by grasping pen by forming fist around the unit (green tip down) NEVER put thumb, fingers or hand over black tip) |
| | Remove the yellow safety release cap |
| | Hold pen in position on lateral thigh at a 90 degree angle |
| | Jab until pen clicks holding firmly in place for 10 seconds |
| | Remove pen from thigh and massage injection site |
| | Immediately dispose of auto-injector properly in sharps container |
| | Administer 2-PAM chloride second by grasping pen by forming fist around the unit (gray tip down) NEVER put thumb, fingers or hand over black tip) |
| | Remove the gray safety release cap |
| | Hold pen in position on lateral thigh at a 90 degree angle |
| | Jab until pen clicks holding firmly in place for 10 seconds |
| | Remove pen from thigh and massage injection site |
| | Immediately dispose of auto-injector properly in sharps container |
| | Continue to monitor status |
| | Continue oxygen therapy |
| | Repeat dosage per medical direction, if requested |
| | Document administration data and time |
| | <ul style="list-style-type: none"> o Time, name, dose, route of medication o Tolerance of procedure o Name of medical control physician authorizing administration o Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
 DATE: _____

EMT BASIC
ADMINISTRATION OF ALBUTEROL and/or ATROVENT
METERED DOSE INHALER
PROCEDURE CHECK LIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| |
|---|
| Contact medical control |
| Report assessment findings |
| Report prior interventions and use of inhaler |
| Request implementation of assisted inhaler (MDI) protocol) |
| Confirm orders from medical control |
| Confirm mental status of patient to be alert |
| Explain procedure and solicit patient consent |
| Check expiration date |
| Rule out allergies |
| Confirm right medication, right patient, right route |
| Confirm number of metered dosage |
| Shake inhaler vigorously several times |
| Assemble inhaler and/or spacer, if necessary |
| Remove oxygen supply from existing patient adjunct |
| Instruct patient to exhale deeply |
| Have patient place the opening of the inhaler or spacer to their lips |
| Instruct patient to activate inhaler while inhaling deeply |
| Have patient attempt to hold their breath as long as comfortably possible before exhaling |
| Continue to monitor patient status |
| Continue oxygen therapy |
| Repeat dosage per medical direction, if requested |
| Document administration data and time |
| o Time, name, dose, route of medication |
| o Patient's tolerance of procedure |
| o Name of medical control physician authorizing administration |
| o Name of EMT administering medication |
| Reevaluate patient response to medication administration |

EVALUATOR: _____
DATE: _____

EMT BASIC
ADMINISTRATION OF NITROGLYCERINE
PROCEDURE CHECKLIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| | |
|--|---|
| | Contact medical control |
| | Report assessment findings including signs and symptoms of chest pain as well as medications patient is currently taking |
| | Report prior interventions |
| | Request implementation of nitroglycerine protocol |
| | Confirm orders from medical control |
| | Explain procedure and solicit patient consent |
| | Check expiration date |
| | Confirm right medication, right patient, right route |
| | Rule out allergies |
| | Confirm dosage 0.4 mg nitroglycerine |
| | Instruct patient to lift tongue |
| | Place tablet or apply spray sublingually |
| | Have the patient attempt to keep mouth closed until medication is dissolved/absorbed |
| | Continue to monitor patient status (blood pressure particularly important) |
| | Continue oxygen therapy |
| | Repeat dosage per medical direction, if requested |
| | Document administration data and time |
| | <ul style="list-style-type: none"> o Time, name, dose, route of medication o Patient's tolerance of procedure o Name of medical control physician authorizing administration o Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
DATE: _____

EMT BASIC
ADMINISTRATION OF ORAL GLUCOSE
PROCEDURE CHECKLIST

NAME: _____
DATE: _____
COURSE LOCATION: _____

| | |
|--|---|
| | Contact medical control (if no standing order exists) |
| | Report assessment findings consistent with an ALOC associated with hypoglycemia, and patient's ability to maintain airway patency |
| | Report blood glucose reading |
| | Request implementation of protocol, if no standing order exists |
| | Confirm orders from medical control |
| | Explain procedure and solicit patient consent |
| | Check expiration date |
| | Confirm right medication, right patient, right route |
| | Confirm dosage |
| | Place small portions of oral glucose on a tongue depressor, pull back check, and deposit medication between the cheek and gum (option: squeeze small portions of glucose into the mouth between the cheek and gum) |
| | Repeat process until entire dose is given |
| | Continue to monitor patient status and maintain patent airway |
| | Document administration data and time |
| | <ul style="list-style-type: none"> o Time, name, dose, route of medicaiton o Patient's tolerance of procedure o Name of medical control physician authorizing administration o Name of EMT administering medication |
| | Reevaluate patient response to medication administration |

EVALUATOR: _____
DATE: _____

EMT BASIC GLUCOMETER

PROCEDURE CHECKLIST

NAME: _____

DATE: _____

COURSE LOCATION: _____

| | |
|--|--|
| | Utilizes appropriate PPE |
| | Prepares equipment according to manufacturer's recommendations |
| | Obtains finger stick blood sample |
| | Applies blood drop to appropriate site (chemstrip or glucometer), initiates timing mechanism |
| | Places small dressing over finger stick site, with pressure |
| | Reads and records results |
| | Disposes of used items per protocol |
| | Evaluates patient condition |
| | Initiates appropriate management plan for patient |

- Successful

- Unsuccessful

EVALUATOR: _____

DATE: _____

EMT BASIC PULSE OXIMETRY

PROCEDURE CHECKLIST

NAME: _____

DATE: _____

COURSE LOCATION: _____

| | |
|--|---|
| | Utilizes appropriate PPE |
| | Explains procedure to patient |
| | Removes nail polish, if present, from finger |
| | Removes earring if using earlobe |
| | Turns on pulse oximeter and calibrates |
| | Applies pulse oximeter probe to prepared area |
| | Monitors reading for trends |
| | Evaluates patient condition correlation to readings |
| | Initiates appropriate management plan for patient |

- Successful
- Unsuccessful

EVALUATOR: _____

DATE: _____

**EMT BASIC
ESOPHAGEAL-TRACHEAL COMBITUBE
PROCEDURE CHECKLIST**

NAME: _____

DATE: _____

COURSE LOCATION: _____

| | |
|--|--|
| | BSI precautions taken |
| | Opens airway, checks for foreign bodies, secretions, loose teeth, suction as needed |
| | Inserts OPA or NPA, confirming absence of gag reflex |
| | Ventilates patient immediately with Pocket Mask or BVM (administer oxygen) |
| | Establish contact with medical control to activate protocol |
| | Determine cuff integrity Inflates cuffs Disconnect syringes Inspect cuffs and pilot balloons Deflate cuffs |
| | Prepares accessory equipment (syringes, BVM, lubricant, gastric tube, suction & stethoscope) |
| | Lubricate distal tips of pharyngeal and distal cuffs |
| | Preoxygenates patient |
| | Position patient supine with head in neutral position |
| | Remove oropharyngeal or nasopharyngeal airway |
| | Open patient's mouth by performing a tongue-jaw lift |
| | Insert Combitube following normal anatomical curve of the oropharynx, until black insertion markers align with patient's teeth/gums |
| | Inflate pharyngeal cuff with 100 mL of air using large syringe connected to #1 (blue) pilot valve |
| | Remove syringe and insure cuff inflation by squeezing #1 (blue) pilot balloon |
| | Inflate distal cuff with 15 mL of air using smaller syringe connected to #2 (white) pilot valve |
| | Remove syringe and insure cuff inflation by squeezing #2 (white) pilot balloon |
| | Attach BVM to primary (blue) tube and ventilate patient |
| | Confirm tube placement by auscultation of high axillary breath and epigastric sounds If breath sounds present, with no epigastric sounds, continue ventilations through esophageal (primary) tube If breath sounds absent, with presence of epigastric gurgling, switch BVM to tracheal (secondary) tube; confirm placement; continue ventilations |
| | Observe patient for chest rise and fall, patient color change and improvement |

EVALUATOR: _____

DATE: _____

EMT Basic
DRUG PROFILE EXERCISE

List all medications you can administer. Differentiate which of these can be given under standing order and which will require on-line medical control. For each medication listed, create a drug profile.

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:

Generic Name:
Trade Names (list at least 2):

Mechanism of Action:
Indications:
Contraindications:
Side Effects:
Form:
Dose:
Route:
Cautions:



DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
dhfs.wisconsin.gov

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

February 8, 2006

On behalf of the Bureau of Local Health Support and EMS, the EMS Advisory Board, and the EMS Education Committee, it is our pleasure to formally establish our support of the revised curriculum for the "2006 EMT-Basic: A Practice Based Approach to EMS Education."

Approval was recommended by the EMS Education Committee on February 7, 2006. The EMS Advisory Board unanimously approved the revised curriculum on February 8, 2006. This approval was supported by the Bureau of Local Health Support & EMS Section on February 8, 2006.

It is our belief that the revised curriculum will serve to enhance EMS education and practice throughout the state of Wisconsin. The EMS Education Sub-committee, chaired by Linda Pace, is applauded for their effort and dedication to this project.

Sincerely,

Dan Williams

Dan Williams
EMS Chief
Emergency Medical Services
WI Department of Health and Family Services
Division of Public Health
1 West Wilson Street Room 118
P.O. Box 2659
Madison, WI 53701-2659
(608) 266-1568
(608) 261-6392 Fax
<http://dhfs.wisconsin.gov/ems/>

Wisconsin.gov



8 February 2006

Ms. Linda Pace, Chairperson
EMT Basic Curriculum Revision Subcommittee
WTCS EMS Training Center Advisory Council

Please accept this letter as endorsement by this council for the revision of the EMT Basic curriculum accomplished by you and your committee members. As a subcommittee of the WTCS EMS Training Center Advisory Council, you accepted the responsibility of bringing this curriculum into alignment with the Wisconsin Scope of Practice for the EMT Basic and in agreement with the Wisconsin EMS Council Education Committee. This has been accomplished.

This council feels the changes in the curriculum will enhance the education of the students in EMT Basic training and help to improve the quality of EMS care provided at this level in the State of Wisconsin.

Thank you for your leadership in accomplishing this task.

Sincerely,

A handwritten signature in black ink that reads "Sandra K. Eustice".

Sandra K. Eustice, Chairperson
WTCS EMS Training Center Advisory Council

Daniel Clancy, President

345 West Washington Ave. – 2nd Floor PO Box 7874 Madison, Wisconsin 53707-7874
Telephone: 608.266.7983 TTY: 608.267.2483 Fax: 608.266.1690
E-mail: info@wtcsystem.edu Web: www.wtcsystem.edu www.witechcolleges.org