

2009 CBT/OTEP 450 Diabetic Emergencies

EMERGENCY MEDICAL SERVICES (10/20/08) MH

SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 450 Diabetic Emergencies Student Name

NAME	<small>PRINT STUDENT'S NAME</small>	ID #		DATE	
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Objective: Given a partner, appropriate equipment and a patient with a diabetic condition, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 450 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
- Obtains names/dosages of current **medications** and were any taken

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs** - confirms patient's **ability to swallow** (as indicated)
- Performs appropriate **medical / trauma exam** – exposes/checks for bleeding and/or injuries
- Performs **blood glucometry** and records findings (if trained to do so)
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes **impression**
- Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE (Check all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs blood glucometry and records findings (if trained) <input type="checkbox"/> Provides oral glucose (swallow test)..... (if indicated) | <ul style="list-style-type: none"> <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Oximetry performed <input type="checkbox"/> Follows proper “after-care” procedures (if indicated) <input type="checkbox"/> _____(additional) <input type="checkbox"/> _____(additional) |
|---|--|

CRITICAL (FAIL) CRITERIA

DID NOT...

- Proper use of **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Administer appropriate rate and delivery of **oxygen** (if indicated)
- Indicates 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

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

Recert Yes No

Date

Written Score

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

C

Chief Complaint

Narrative
