

2009 CBT/OTEP 442 Stroke

EMERGENCY MEDICAL SERVICES (10/20/08) MH

SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 442 Stroke

Student Name

Recert Yes No Date

Written Score

(online)

NAME <small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner, proper equipment and a patient with s/s of a stroke, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 442 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 3 hr. time frame for definitive care)
- Obtains names/dosages of current **medications**

OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs**
- Performs appropriate **medical / trauma exam** — exposes/checks for bleeding and/or injuries
- Performs **Cincinnati Prehospital Stroke Scale** (facial droop, arm drift and slurred speech)
- 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)

- | | |
|--|---|
| <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) | <input type="checkbox"/> Considers Index of Suspicion |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) | <input type="checkbox"/> Performs ongoing assessment |
| <input type="checkbox"/> Properly positions patient | <input type="checkbox"/> Glucometry performed |
| <input type="checkbox"/> Performs Cincinnati Stroke Scale (interprets findings) | <input type="checkbox"/> Oxi metry performed |
| <input type="checkbox"/> Monitors patient's vital signs | <input type="checkbox"/> Initiates proper transportation and notification for a stroke patient (CODE CVA) |
| | <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

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

Medications taken by patient at home

Allergies

Chief Complaint

Narrative
