

State of Indiana EMR Psychomotor Skills Examination

Patient Assessment/Management - Trauma

Candidate: _____ Examiner Name: _____
 Date: _____ Scenario #: _____

	Possible Points	Points Awarded
Actual Time Started		
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury	1	
Determines the number of patients	1	
Request additional help, if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION (Initial Assessment)		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Airway	Opens and assesses the airway	1
	Inserts an adjunct as indicated	1
Breathing	Assesses breathing	1
	Assures adequate ventilation	1
	Initiates adequate oxygen therapy	1
Circulation	Manages any injury which may compromise breathing/ventilation	1
	Checks for pulse	1
	Assesses skin (color, temperature, & condition)	1
	Assess for and controls major bleeding, if present	1
	Evaluates for and initiates shock management, if applicable (includes patient positioning, oxygen, and body heat conservation)	1
Identifies patient priority and makes treatment/transport decision	1	
History Gathering		
Selects appropriate assessment (focused or rapid assessment)	1	
Attempts to obtain a SAMPLE history	1	
SECONDARY ASSESSMENT (Detailed Exam) *Credit should be given to candidates that use a brief exam for life-threatening injuries in the Primary Survey so long as it does not delay appropriate care.		
Head	Inspects mouth, nose, and assesses facial area	1
	Inspects and palpates scalp and ears	1
	Assesses eyes	1
Neck	Checks position of trachea	1
	Checks jugular veins	1
	Palpates cervical spine	1
Chest	Inspects chest	1
	Palpates chest	1
	Auscultates chest	1
Abdomen/pelvis	Inspects and palpates abdomen	1
	Assesses pelvis	1
	Verbalizes assessment of genitalia/perineum, as needed	1
Lower Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each leg)	2
Upper Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each arm)	2
Posterior	Inspects & palpates posterior thorax	1
	Inspects & palpates lumbar and buttocks regions	1
Vital Signs		
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)	1	
Manages Secondary injuries and wounds appropriately	1	
REASSESSMENT		
Describes how and when to reassess the patient.	1	
TOTAL	43	
Actual Time Ended:		

** Examiner must list times above and then sign on reverse after reviewing Critical Criteria**

Critical Criteria:

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to determine scene safety before approaching patient
- _____ Failure to initially consider and/or provide for stabilization of the spine when indicated
- _____ Failure to assess/provide adequate ventilations
- _____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates
- _____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- _____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene
- _____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation
- _____ Requests, uses or orders a dangerous or inappropriate intervention
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

Notes or Clarifications:

State of Indiana EMR Psychomotor Skills Examination

Oxygen Administration

Candidate: _____ Examiner Name: _____
 Date: _____ Signature: _____

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Cracks the oxygen tank valve before attaching the regulator	1	
Attaches the regulator to the oxygen tank	1	
Opens the oxygen tank valve with the regulator attached	1	
Checks oxygen regulator and tank for leaks	1	
Checks and verbalizes the oxygen tank pressure	1	
Attaches non-breather mask to oxygen	1	
Prefills the oxygen reservoir mask with oxygen	1	
Adjusts the regulator to assure oxygen flow rate of fifteen (15) liters per minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
NOTE: Examiner must now inform the candidate that the patient is not tolerating the non-rebreather mask and that a nasal cannula should be applied to the patient.		
Removes non-rebreather mask and then attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient properly	1	
NOTE: Examiner must now instruct the candidate to discontinue oxygen therapy.		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
TOTAL	16	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

- _____ Failure to assemble the oxygen tank and regulator without leaks.
- _____ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.
- _____ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.
- _____ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less.
- _____ Failure to attach either mask in a manner that does not produce proper oxygen delivery.
- _____ Use or orders a dangerous or inappropriate intervention.
- _____ Failure to manage the patient as a competent EMR.
- _____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Mouth to Mask with Supplemental Oxygen

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1		
Connects the one way valve to the mask	1		
Opens the patient's airway or confirms the patient's airway is open (may be done manually or with an adjunct)	1		
Establishes and maintains a proper mask to face seal	1		
Ventilates the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1		
Connects the mask to a high concentration of oxygen	1		
Adjusts the oxygen flow rate to at least fifteen (15) liters/minute	1		
Continues ventilations of the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1		
NOTE: Examiner must witness ventilations for at least 30 seconds.			
TOTAL	8		

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

- _____ Failure to correctly connect the one-way valve to the mask.
- _____ Failure to adjust the oxygen flow rate to at least 15 liters/minute.
- _____ Failure to produce visible chest rise and fall with ventilations .
(more than 2 inadequate ventilations per minute observed)
- _____ Failure to ventilate the patient at a rate of 10-12 breaths per minute.
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

OR

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Long Bone Immobilization

Candidate: _____ Examiner Name: _____
 Date: _____ Signature: _____

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Candidate directs application of manual stabilization of the injury		1	
Assesses motor, sensory, & circulatory function in the injured extremity.		1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."			
Measures the splint.		1	
Applies the splint		1	
Immobilizes the joint above the injury site		1	
Immobilizes the joint below the injury site		1	
Secures the entire injured extremity		1	
Immobilizes the affected hand/foot in the position of function		1	
Reassesses motor, sensory & circulatory function in the injured extremity		1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."			
TOTAL		10	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

- _____ Grossly moves the injured extremity.
- _____ Did not immobilize the joint above and the joint below the injury site.
- _____ Did not immobilize the affected hand or foot in a position of function.
- _____ Uses or orders a dangerous or inappropriate intervention.
- _____ Did not assess motor, sensory, and circulatory function in the injured extremity.
- _____ **BOTH BEFORE AND AFTER** splinting.
- _____ Failure to manage the patient as a competent EMR.
- _____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

There were **NO** observed Critical Criteria per my evaluation.

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Bleeding Control/Shock Management

Candidate: _____ Examiner Name: _____
 Date: _____ Signature _____

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Candidate applies direct pressure to the wound		1	
Candidate elevates the extremity		1	
NOTE: The examiner must now inform the candidate that the wound continues to heavily bleed.			
Candidate applies tourniquet in an appropriate manner and location		1	
NOTE: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.			
Candidate properly positions the patient		1	
Candidate administers high concentration of oxygen		1	
Candidate initiates steps to prevent heat loss from the patient		1	
Candidate indicates need for immediate transport		1	
TOTAL		8	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

- _____ Did not apply high flow oxygen with an appropriate mask.
- _____ Applied a tourniquet before attempting other methods of bleeding control.
- _____ Did not control hemorrhage using correct procedures in a timely manner.
- _____ Did not indicate the need for immediate transport.
- _____ Uses or orders a dangerous or inappropriate intervention.
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

There were **NO** observed Critical Criteria per my evaluation.

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Ventilation & Airway Management for Apneic Patient

Candidate: _____ Examiner Name: _____
 Date: _____ Signature: _____

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Checks Responsiveness	1	
Checks Breathing	1	
Checks for pulse for at least 5 but no more than 10 seconds	1	
NOTE: Examiner must now inform the candidate: "Your palpate a weak carotid pulse of 60."		
Candidate opens the airway manually	1	
NOTE: Examiner must now inform the candidate: "The mouth is full of secretions and vomitus."		
Candidate turns on/prepares the suction device	1	
Candidate assures presence of mechanical suction	1	
Candidate attaches and inserts rigid suction catheter without applying suction	1	
Candidate suctions the mouth and oropharynx	1	
NOTE: Examiner must now inform the candidate: "The mouth and oropharynx are now clear-but there are no signs of breathing."		
Candidate re-opens the airway manually	1	
Candidate measures airway and selects an appropriately sized OP airway	1	
Candidate inserts OP airway without pushing the tongue to the posterior	1	
NOTE: Examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct."		
Ventilates the patient immediately (within 30 seconds) with a BVM device.	1	
Candidate attaches the BVM assembly to high flow oxygen (15 liters per minute)	1	
NOTE: Examiner must now inform the candidate: "ventilation is being performed without difficulty."		
Re-checks the pulse for at least 5 but no more than 10 seconds	1	
Candidate adequately ventilates and confirms there is chest rise/fall	1	
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)	1	
TOTAL	17	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

- _____ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.
- _____ Failure to suction **before** ventilating the patient.
- _____ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).
- _____ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.
- _____ Inserts any adjunct in a manner dangerous to the patient.
- _____ Failure to voice and ultimately provide high flow/concentration of oxygen.
- _____ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.
- _____ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)
- _____ Uses or orders a dangerous or inappropriate intervention.
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

Notes or Clarifications:

State of Indiana EMR Psychomotor Skills Examination
Spinal Immobilization (Supine Patient)

Candidate: _____ Examiner Name: _____
 Date: _____ Signature _____

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Directs/supervises assistants to assist with moving the patient onto the device in a manner that prevents compromising the integrity of the spine	1	
Evaluates and VERBALIZES need for padding of voids, and pads as necessary	1	
Immobilizes the patient's torso (chest AND hip straps) to the device	1	
Evaluates and VERBALIZES need for padding behind the head, and pads as needed	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL	12	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

- _____ Did not immediately direct, take, or maintain manual immobilization of the head.
- _____ Released or ordered release of manual stabilization before it was maintained mechanically.
- _____ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- _____ Manipulated or moved the patient excessively causing potential spinal compromise.
- _____ Upon completion of immobilization, device allows for excessive patient movement.
- _____ Head immobilized to the device **before** device sufficiently secured to the torso.
- _____ Head immobilization allows for excessive movement.
- _____ Upon completion of immobilization, head is not in a neutral, in-line position.
- _____ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the long board device.
- _____ Exhibits unacceptable affect with patient or other personnel.
- _____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

There were **NO** observed Critical Criteria per my evaluation.

 Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Cardiac Arrest Management/AED

Candidate: _____ Examiner Name: _____
 Date: _____ Signature _____

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Determines patient responsiveness	1	
NOTE: The examiner must now inform the candidate: "The patient is unresponsive."		
Assesses patient for spontaneous signs of breathing	1	
NOTE: The examiner must now inform the candidate: "The patient is apneic, agonal, or gasping"		
Checks carotid pulse (no more than 10 seconds)	1	
NOTE: The examiner must now inform the candidate: "The patient is pulseless."		
Immediately begins chest compressions ** Adequate depth and rate must be performed with chest recoil	1	
Candidate performs 2 minutes of high quality, single-rescuer CPR		
Requests additional EMS response	1	
Adequate depth and rate observed	1	
Correct compression to ventilation ratio observed	1	
Candidate allows the chest to recoil completely	1	
Directs or controls adequate volumes delivered for each breath with OPA/NPA and BVM Device	1	
Minimal interruptions of less than 10 seconds throughout	1	
NOTE: After 2 minutes (5 cycles), patient is assessed and remains pulseless & apneic.		
A second rescuer arrives to perform compressions while the candidate operates the AED.		
Candidate turns power on AED	1	
Candidate follows prompts and correctly attaches AED pads to patient	1	
Directs CPR to be halted and ensures all individuals are clear for rhythm analysis	1	
Ensures all individuals are clear of the patient and delivers AED shock.	1	
Immediately directs rescuer to resume chest compressions	1	
Minimal interruptions of less than 10 seconds throughout	1	
TOTAL	19	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

- _____ Did not confirm patient to PULSELESS and APNEIC.
- _____ Failure to initiate or resume CPR at appropriate periods
- _____ Interrupts CPR for more than 10 seconds at any point .
- _____ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.
- _____ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).
- _____ Failure to attach AED pads correctly on the patient.
- _____ Failure to provide high flow/concentration of oxygen.
- _____ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."
- _____ Requests, uses or orders a dangerous or inappropriate intervention
- _____ Failure to manage the patient as a competent EMR.
- _____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical items on reverse side.

State of Indiana EMR Psychomotor Skills Examination

Patient Assessment/Management - Medical

Candidate: _____ Examiner Name: _____
 Date: _____ Scenario #: _____

	Possible Points	Points Awarded
Actual Time Started		
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Request additional help, if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Airway	Opens and assesses the airway	1
	Inserts an adjunct as indicated	1
Breathing	Assesses breathing	1
	Assures adequate ventilation	1
	Initiates adequate oxygen therapy	1
Circulation	Checks for pulse	1
	Assesses skin (color, temperature, & condition)	1
	Assess for and controls major bleeding and/or shock, if present	1
Identifies patient priority and makes treatment/transport decision	1	
History Taking		
History of present illness		
Candidate should ask pertinent signs & symptoms questions related to illness (such as OPQRST)	No questions about present illness asked	Critical Fail/ 0 points
	One question about present illness asked	Award 1 point
	Two questions about present illness asked	Award 2 points
	Three questions about present illness asked	Award 3 points
	Four or more questions about present illness asked	Award 4 points
	Examiner should award 0-4 points	4
Past Medical History		
Allergy questions asked	1	
Medication questions asked	1	
Past pertinent medical history questions asked	1	
Last oral intake questions asked	1	
Events leading to present illness questions asked	1	
Secondary Assessment		
Assesses appropriate body part/systems related to the present illness **Could include: cardiovascular, pulmonary, neurological, musculoskeletal, skin, GI/GU, reproductive, and psychological/social	1	
Vital Signs / Application of assessment		
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)	1	
States field impression of patient (including ALS or BLS transport requested)	1	
Interventions: Verbalizes proper interventions/treatment	1	
REASSESSMENT		
Describes/demonstrates how and when to reassess the patient	1	
Gives brief report to arriving transport unit	1	
TOTAL	33	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to determine scene safety before approaching patient
- _____ Failure to initially consider and/or provide for stabilization of the spine when indicated
- _____ Failure to assess/provide adequate ventilations
- _____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates
- _____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- _____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene
- _____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation
- _____ Requests, uses or orders a dangerous/inappropriate intervention or outside scope of practice
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel

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Critical Criteria Explanation:

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

Notes or Clarifications: