

Intermediate to Advanced Emergency Medical Technician Transition Course

Mandatory Training

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OSDH - EMS

Intermediate to Advanced Emergency Medical Technician Transition Course

Intermediate 85 to AEMT Recommended Transition Course INTRODUCTION

This recommendation has been developed and is to be utilized to enhance the knowledge and skills of existing practitioners who must upgrade to the NEW Education Standards. For the purpose of this outline please note:

- **“Essential Content”** is material that has been identified as having significantly changed, or expanded from the National Standard Curriculum [NSC] which must be covered in this process.
- **“Supplemental Content”** is material that has been changed from the NCS, but only significant to be considered, if time permits

Content areas that do not include time frames likely contain material changes that were felt insufficient to warrant updating. Proper learning objectives should be developed by Instructors and accompany this document so the student can achieve educational measurable goals.

The outcome of each “Transition Course” will be submitted to the Oklahoma State Department of Health – EMS Division on a Final Roster. Upon the successful completion of this “Transition Course”, the training program will provide a Certificate of Completion to the student with the following included on that document:

- CAN#
- Intermediate 85’s name
- Transition course completion date
- The following statement: “_name_ has completed an Oklahoma approved Intermediate 85 to Advanced Emergency Medical Technician (AEMT) transition course”
- Name of the sponsoring agency
- Signature of the Instructor responsible for the training

The certificate must also include “plus successful completion of a course-ending practical examination” which includes the following skills: [list on Certificate]

- Patient Assessment/Management – Medical
 - Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
 - ~~Cardiac Arrest Management/AED~~ [not until January 1, 2013]
 - Intravenous Bolus Medications
 - Pediatric Intraosseous Infusion
-
- To transition to the AEMT level at the National Registry the Intermediate 85 must first complete the “Transition Course” and then complete an online application, including submission of a \$70.00 application fee for the AEMT cognitive examination.
 - Intermediate 85s who are unable to successfully complete the NRAEMT cognitive exam by their expiration date will be issued a NREMT certification and have 2 years from date

Intermediate to Advanced Emergency Medical Technician Transition Course

of lapse to obtain NRAEMT certification provided they meet all NREMT requirements currently in effect.

- All Intermediate 85s transitioning will have a maximum of six attempts to successfully complete the NRAEMT cognitive exam.
- Any Intermediate 85 transitioning who fails six attempts will be required to successfully complete an entire AEMT education program to regain eligibility to apply for NRAEMT.
- NR-Intermediate/85s who submit an acceptable recertification application but do not include successful completion of a state-approved transition course from Intermediate/85 to AEMT will be issued National EMS Certification as an Emergency Medical Technician (NREMT) upon reaching their expiration date of March 31, 2015, 2016 or 2017.

<i>NREMT-Intermediate/85 expires:</i>	<i>Complete AEMT Transition by:</i>
March 31, 2011	March 31, 2015
March 31, 2012	March 31, 2016
March 31, 2013	March 31, 2017

This statement only pertains to Intermediate 85's who do not opt to take the National Registry AEMT cognitive examination ...

Oklahoma will continue to maintain a State license for properly documented Intermediate 85's – you must meet current renewal requirements every two years to maintain an Oklahoma Intermediate 85 licensure. The National Registry will keep you on the books at the EMT level, to maintain National Registration.

Contact the State EMS Division if you have any questions: (405)271 4027 or jemanley@health.ok.gov

Intermediate to Advanced Emergency Medical Technician Transition Course

COURSE REQUIREMENTS:

[NOTE: Advanced EMT's utilize Fundamental depth and foundational breadth]

Preparatory (95 minutes – 1 hr 35 min)

EMS Systems	15 min – Essential
1. More detailed discussion on patient safety issues, strategies to decrease medical errors [See IG, p. 1 – II Patient Safety, A, B, C, D, and E]	
Research	5 min -- Essential
1. Extremely limited information on evidence based decision making [Refer to EMT Level Guidelines, p. 4 – I. Evidence-Based Decision-Making, A, B, C and D]	
Workforce Safety and Wellness	20 min -- Supplemental
1. Emphasizes the difference between body substance isolation and personal protective equipment [Refer to EMT Level Guidelines, p. 4-5; I. Standard Safety Precautions A, B, C, D, and E]	
2. Brief discussion on bariatric issues, neonatal isoleties and medical restraint [Refer to EMT Level Guidelines, p. 4-5; II. Personal Protective Equipment V]	
Documentation	0 min – Covered in Medical/Legal Ethics
1. [Complex depth] The Health Insurance Portability and Accountability Act (HIPAA) did not exist when either of the EMT-I curricula was authored [See IG, p. 7 – B]	
EMS System Communication	10 min – Supplemental
1. More detailed information about improving communication [See IG, p. 8 – II. Communicating With Other Health Care Professionals]	
Therapeutic Communications	15 min -- Essential
1. More detailed information about improving communication with the patient [See IG, p. 12 – I. Principles of Communicating With Patients in a Manner That Achieves a Positive Relationship]	
Medical/Legal Ethics	30 min - Essential
1. The Health Insurance Portability and Accountability Act (HIPAA) did not exist when the EMT-I curriculum was authored, should include a state-specific discussion on privileged communication Refer to EMT Level Guidelines, p. 21 – II. Confidentiality A, B, C, D and E]	
2. Include a brief discussion on living wills, surrogate decision makers [Refer to EMT Level Guidelines, p. 21 – III. Advanced Directives A]	
3. Include civil and criminal court cases, ethics [Refer to EMT Level Guidelines, p. 21 – IV. Tort and Criminal Actions A, B and C]	

Intermediate to Advanced Emergency Medical Technician Transition Course

Anatomy and Physiology (60 minutes)

A&P

60 min – Essential

1. More detailed discussion than in the previous version [See IG, p. 14 – I. **Anatomy and Body Functions D and E; II. Life Support Chain A and B; and, III. Age-Related Variations for Pediatrics and Geriatrics**]

Medical Terminology (5 minutes)

Terminology

5 min – Supplemental

1. Although not detailed, this content is new to this level [Refer to **EMT Level Guidelines, p. 29**]

Physiology (45 minutes)

Physiology

45 min – Essential

1. This content is new to this level but only focuses on respiratory and perfusion dysfunction along with shock [See IG, p. 21 – III. **Alteration in Cells and Tissues; IV. Cellular Injury; V. Hypoperfusion A and B**]

Life Span Development (5 minutes)

Development

5 min -- Supplemental

1. New Information at this level **Refer to EMT Level Guidelines, p. 34**

Public Health (5 minutes)

Topic

5 min -- Supplemental

1. New information at this level; related to *EMS Agenda for the Future* issues [See IG, p. 23 – I. **Basic Principles of Public Health**]

Pharmacology (1 hr 10 minutes)

Principles of Pharmacology

20 min -- Essential

1. New information at this level [See IG, p. 25 – I. **Medication Safety; II. Medication Legislation; III. Naming; IV. Classifications; V. Storage and Security; VI. Drug Terminology; VII. Pharmacological Concepts**]

Medication Administration

20 min - Essential

1. Added the five rights of medication administration; more detailed information [See IG, p. 30 – II. **Administration of Medication to a Patient A**]

Emergency Medications

30 min – Essential

1. Specific list of medications [See IG, p. 32 – I. **Specific Medications and II. Special Considerations in Pediatrics and Geriatrics**]

Airway Management, Respiration, and Artificial Ventilation (95 minutes – 1 hrs 35 min)

Anatomy and Physiology

30 min -- Essential

Intermediate to Advanced Emergency Medical Technician Transition Course

1. Much more detailed than in the previous EMT-I curriculum [See IG, p. 33 – **I. Airway Anatomy and II. Airway Assessment**]

Airway Management 30 min -- Essential

1. Much more detailed than in the previous EMT-I curriculum [See IG, p. 33 – **III. Techniques of Assuring a Patent Airway and IV. Consider Age-Related Variations in Pediatric and Geriatric Patients**]

Respiration 15 min – Supplemental

1. Much more detailed minimal new content added to this level than in the previous EMT-I curriculum [See IG, p. 36 – **I. Anatomy of the Respiratory System; II. Physiology of Respiration; III. Pathophysiology of Respiration; IV. Assessment of Adequate and Inadequate Respiration; VI. Supplemental Oxygen Therapy and VII. Age-Related Variations in Pediatric and Geriatric Patient**]

Artificial Ventilation 20 min – Supplemental

1. Much more detailed than in the previous EMT-I curriculum [See IG, p. 39 – **I. Comprehensive Ventilation Assessment; II. The Management of Inadequate Ventilation; III. The Difference Between Normal and Positive Pressure Ventilation and IV. Consider Age-Related Variations in Pediatric and Geriatric Patients**]

Patient Assessment (95 minutes – 1 hour 35 minutes)

Scene Size Up 5 min -- Essential

1. No new material but re-emphasis on scene safety [See IG, p. 42]

Primary Assessment 20 min – Essential

1. New terminology that more closely mimics other health care professionals [See IG, p. 43 – **I. Primary Survey/Primary Assessment; II. Integration of Treatment/Procedures needed to Preserve Life; III Evaluating Priority of Patient Care and Transport Refer also to EMT Level Guidelines (p. 63 in EMT IGs)**]

History Taking 15 min – Essential

1. New terminology that more closely mimics other health care professionals [Refer to EMT Level Guidelines re: **Chief Complaint, History of Present Illness, Approaches to History Taking (p. 66 in EMT IGs)**]

Secondary Assessment 15 min – Essential

1. New terminology that more closely mimics other health care professionals and more thorough than in the previous curriculum [See IG, p. 48 in AEMT IGs – **I. Assessment of Lung Sounds and II. Special Considerations for Pediatric and Geriatric Patients -- Also Refer to EMT Level Guidelines (p. 71 in EMT IGs)**]

Intermediate to Advanced Emergency Medical Technician Transition Course

- Monitoring Devices 30 min -- Essential
1. Blood glucose monitoring and blood chemistry analysis added to this level [See IG, p. 47 – I. Blood Glucose Determination and II. Other Monitoring Devices]
- Reassessment 5 min – Supplemental
1. Review how and when to perform a reassessment for all patients [See IG, p. 48]

Medicine (230 minutes – 3 hr 50 min)

- Medical Overview 5 min -- Supplemental
1. Re-use of the new assessment terminology [See IG, p. 49]
- Neurology 15 min -- Essential
1. More detailed information on stroke assessment and management [See IG, p. 53]
- Abdominal and Gastrointestinal Disorders
1. Minimal new content added to this level
- Immunology 20 min -- Essential
1. All new information [See IG, p. 59 – I. Introduction; II. Basic Immune System's Response to Allergens; III. Pathophysiology; IV. Assessment; V. Managing Anaphylaxis and VI. Age Related]
- Infectious diseases 20 min – Essential
1. This section should include updated infectious disease information, for example methicillin-resistant Staphylococcus aureus, hepatitis, and Acquired Immune Deficiency Syndrome update; should include a discussion on cleaning and sterilizing equipment and decontaminating the ambulance [See IG p. 60 – II. Standard Precautions, Personal Protective Equipment, and Cleaning and Disposing of Equipment and Supplies; III. Specific Diseases and Conditions]
- Endocrine Disorders 10 min – Supplemental
1. Increased level of detail on diabetes [See IG p. 63 – Diabetic Conditions, A]
- Psychiatric 20 min – Supplemental
1. New material [See IG p. 65 -- I. Define and II. Assessment, A, B, C, D, E, and F]
 2. Suicide risk assessment [See IG p. 65 -- III. Behavioral Change, A, B, C and D; IV. Methods to calm Behavioral Emergency Patients; V. Emergency]

Intermediate to Advanced Emergency Medical Technician Transition Course

Medical Care; VI. Consider Age – Related Variations for Pediatric and Geriatric Assessment and Management]

- Cardiovascular 30 min – Supplemental
1. Added content on chest pain and heart attack [See IG p. 68 – I. Chest Pain, A B and C; II. Consider Age Related Variations for Pediatric and Geriatric Patients for Assessment and Management of Cardiac compromise; III. Cardiac Arrest (Refer to Shock and Resuscitation section)]
- Toxicology 45 min – Supplemental
1. New Information and Use of chemical antidote auto-injector [See IG p. 70 – IV. Nerve Agent Antidote Auto-injector Kit, A, 1 and 2]
- Respiratory 30 min – Supplemental
1. Increased level of detail on respiratory distress [See IG p. 73 – I. Anatomy of the Respiratory System, A, B, and C; II. Normal Respiratory Effort, A; III. Consider Age Related Variations for Pediatric and Geriatric Assessment and Management]
- Hematology
1. Not applicable
- Genitourinary/Renal 10 min -- Supplemental
1. Hemodialysis added (Blood Pressure) [See IG p. 75 – I. Hemodialysis, A, B, C and D]
- Gynecology 10 min – Supplemental
1. Vaginal bleeding added [See IG p. 76 – I. Vaginal bleeding, A, B, C and D]
- Non-traumatic Musculoskeletal Disorders
1. Not applicable
- Diseases of the Eyes, Ears, Nose, and Throat 10 min – Supplemental
1. Nosebleed added [See IG p. 78 – I. Nosebleed, A, B and C]

Shock and Resuscitation (45 minutes)

1. New section that combines the CPR information with more detail and discussion on the use of the AED [See IG p. 79 – I. Ethical Issues in Resuscitation, A; II. Anatomy and Physiology Review, A and B; III Respiratory Failure; IV Cardiac Arrest; V. Resuscitation; and VI. Automated External Defibrillation (AED)]

Trauma (125 minutes – 2 hrs 5 min)

Trauma Overview 25 min – Essential

Intermediate to Advanced Emergency Medical Technician Transition Course

1. Field Triage Decision Scheme added [See IG p. 82 – I. Identification and Categorization of Trauma Patients, A (use current Oklahoma Trauma/Triage Supplement) and VII. Shock]

Bleeding

1. Insufficient to update [with exception of the use of a tourniquet]

Chest Trauma

1. Insufficient to update

Abdominal and Genitourinary Trauma

1. Insufficient to update

Orthopedic Trauma

10 min – Supplemental

1. New terminology; fracture and dislocation added [See IG p. 87 – I. Fractures and Dislocations, A, B, C and D]

Soft Tissue Trauma

15 min – Supplemental

1. Foreign Bodies of the Eye added [See IG p. 89 – V. Foreign Body in Eye, A, B and C]
2. Extent of burns added [See IG p. 89 – Burns, A]

Head, Facial, Neck and Spine Trauma

15 min – Supplemental

1. Increased level of detail to special management situations [See IG p. 93 – Head, Face, Neck and Spine Trauma, A]

Nervous System

1. Not applicable

Special Considerations in Trauma

20 min – Supplemental

1. Pregnant patients added [See IG p. 97 – I. Pregnant Patient, A and B]
2. Elderly patients added [See IG p. 97 – III. Elderly Patient, A and B]

Environmental Trauma

20 min – Supplemental

1. Use of AEDs in Environmental Trauma added; [See IG p. 99 – I. Environmental Emergencies, A]
2. Submersion added; [See IG p. 99 – I. Environmental Emergencies, C]

Multi-System Trauma

20 min -- Supplemental

1. Increased level of detail added; [See IG p. 103 – I. Multi-System Trauma, A, B and C]

Intermediate to Advanced Emergency Medical Technician Transition Course

Special Patient Population (70 minutes – 1 hour, 10 minutes)

- Obstetrics 15 min – Supplemental
1. Vaginal bleeding added; [See IG p 104 – II Vaginal Bleeding in the Pregnant Patient
 2. Braxton Hicks added; [See IG p. 104 – III. General Assessment and Management of the Obstetrical Patient, A

- Neonatal Care
1. Insufficient to update

- Pediatrics 20 min – Supplemental
1. Pediatric assessment triangle added [See IG p. 108, II Assessment Process, B]
 2. Refocus from “circulatory failure” to “shock” [See IG p. 108, II Shock, A, B and C]

- Geriatrics 30 min – Supplemental
1. All new content [See IG p. 112; I. Age Associated Changes, A, B, C, D, E, F, G and H; II. Assessment and Care Implications, A and B]

- Patients with Special Challenges 5 min – Supplemental
1. Elder abuse added [See IG p. 114 – I. Recognizing and Reporting Abuse and Neglect, B]

EMS Operations (30 minutes)

- Principles of Safely Operating a Ground Ambulance 5 min – Supplemental
1. Increased depth of discussion on the risks of emergency response and leaving the scene [See IG p. 115 – I Risks and Responsibilities of Emergency Response, A, B, C and D]

Incident Management Co or Pre requisite
Must have ICS 100 and 700

- Multiple Casually Incidents
1. Insufficient to update

- Air Medical 10 min – Supplemental
1. New Material added [See IG 120 – I. Safe Air Medical Operations]
 2. Patient transfer issues [See IG 120 – Safe Air Medical Operations – A, B, C, D, E, F and G]
 3. Interaction with AM personnel, scene safety, LZ selection and prep [See II Criteria for Utilizing Air Medical Response, A and B]

- Vehicle Extrication 5 min – Supplemental
1. Situational safety added [See IG p. 122, I. Safe Vehicle Extrication, D]

Intermediate to Advanced Emergency Medical Technician Transition Course

2. Use of simple hand tools added [See IG p. 122; II Use of Simple Hand Tools, A, B, C, D and E]

Hazardous Materials Awareness

Co or Pre requisite

1. Some HAZWOPWER added [See IG p. 125 – I. Risks and Responsibilities of Operating in a cold Zone at a Hazardous Material or Other Special Incident, A] [Hazardous Waste Operations and Emergency Response (HAZWOPER) standard, 29 CFR 1910.120 (q)(6)(i) -**First Responder Awareness Level**]

Mass Casually Incidents Due to Terrorism and Disaster 5 min – Supplemental

1. All new content [See IG p. 126 – I. Risks and Responsibilities of Operating on the Scene of a natural or Man Made Disaster A and B]

SKILL CONSIDERATIONS:

The following restraint technique has been determined to be harmful and is no longer permitted: forceful restraint in a prone position, with wrists & ankles tightly tied together (“hobbled”) behind the back.

Discontinued:

- Insertion of a nasopharyngeal airway
- Pressure points and elevation for hemorrhage control

New: Insertion of supraglottic airways (Oklahoma will still require ET insertion)

Use of oxygen humidifiers

Use of tracheostomy mask

Tracheobronchial suctioning (already intubated patient)

Use of mechanical CPR devices (required additional specialty training and device approval)

Application of mechanical patient restraint (not a new skill, but new information)

Insertion of intraosseous infusion in children

Administration of aerosolized or nebulized beta agonists (I-85s could previously only assist a patient with his or her own prescription medication and now they administer as an EMS medication)

Allow self-administered nitrous oxide (not approved by MDS, at this time, in Oklahoma)

Administer intramuscular epinephrine and glucagon

Administration of intranasal naloxone

Administer intravenous naloxone or 50% dextrose

Administration of subcutaneous epinephrine

Blood glucose monitoring

SUMMARY OF PROPOSED TIME

Essential Content = 7.9 hours

Supplemental = 8.0 hours

Total 15.9 hours

Intermediate to Advanced Emergency Medical Technician Transition Course

Instructor needs to make up an additional 20 hours of transition and/or refresher to meet the National Registry 36 hour total at this level.

All Transition candidates MUST complete the practical [psychomotor] exam skills list on page one. Skill sheets for the required skills are attached. Original skill sheets MUST be kept in the student's personnel files, for OSDH-EMS inspection. If you need scenarios and/or instructions to the candidate, let OSDH-EMS know – we can provide the necessary documents for this purpose.

The above time frame does not include time for NIMS and HAZWOPER or requirement of performance of clinical skills. If a candidate has previously completed the NIMS and/or HAZWOPER, they do not need to repeat these requisites

Intermediate to Advanced Emergency Medical Technician Transition Course



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

PATIENT ASSESSMENT - MEDICAL

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Scenario: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes 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	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point)		
-Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)		
Assesses circulation	3	
-Assesses/controls major bleeding (1 point)		
-Assesses skin [either skin color, temperature, or condition] (1 point)		
-Assesses pulse (1 point)		
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness	8	
-Onset (1 point)		
-Provocation (1 point)		
-Quality (1 point)		
-Radiation (1 point)		
Past medical history	5	
-Allergies (1 point)		
-Medications (1 point)		
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment]	5	
-Cardiovascular		
-Pulmonary		
-Neurological		
Vital signs	5	
-Pulse (1 point)		
-Blood pressure (1 point)		
Diagnosics [must include application of ECG monitor for dyspnea and chest pain]	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
REASSESSMENT		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____		
CRITICAL CRITERIA	TOTAL	48
<input type="checkbox"/> Failure to initiate or call for transport of the patient within 15 minute time limit <input type="checkbox"/> Failure to take or verbalize body substance isolation precautions <input type="checkbox"/> Failure to determine scene safety before approaching patient <input type="checkbox"/> Failure to voice and ultimately provide appropriate oxygen therapy <input type="checkbox"/> Failure to assess/provide adequate ventilation <input type="checkbox"/> Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion] <input type="checkbox"/> Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene <input type="checkbox"/> Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation <input type="checkbox"/> Failure to determine the patient's primary problem <input type="checkbox"/> Orders a dangerous or inappropriate intervention <input type="checkbox"/> Failure to provide for spinal protection when indicated		
You must factually document your rationale for checking any of the above critical items on the reverse side of this form.		
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Intermediate to Advanced Emergency Medical Technician Transition Course



National Registry of Emergency Medical Technicians Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

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

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO ₂ reading	1	
<i>NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."</i>		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
<i>NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)</i>		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
<i>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.</i>		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 20/minute and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"</i>		
Calls for immediate transport of patient	1	
Actual Time Ended: _____	TOTAL	20

Critical Criteria

- Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of 20/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to recognize and treat respiratory failure in a timely manner
- Insertion or use of any airway adjunct in a manner dangerous to the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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

Intermediate to Advanced Emergency Medical Technician Transition Course



National Registry of Emergency Medical Technicians Advanced Level Psychomotor Examination INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Level of Testing: NREMT-Intermediate/85 NRAEMT NREMT-Intermediate/99 NREMT-Paramedic

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes or verbalizes body substance isolation precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Actual Time Ended: _____	TOTAL	22

NOTE: Check here if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not evaluate the candidate in IV Bolus Medications.

Critical Criteria

- Failure to establish a patent and properly adjusted IV within 6 minute time limit
- Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture
- Contaminates equipment or site without appropriately correcting the situation
- Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- Failure to successfully establish IV within 3 attempts during 6 minute time limit
- Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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INTRAVENOUS BOLUS MEDICATIONS

Actual Time Started: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues to take or verbalize body substance isolation precautions	1	
Identifies and cleanses injection site closest to the patient [Y-port or hub]	1	
Reaffirms medication	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV on and adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect and adverse side effects	1	
Actual Time Ended: _____	TOTAL	12

Critical Criteria

- Failure to continue to take or verbalize appropriate body substance isolation precautions
- Failure to begin administration of medication within 3 minute time limit
- Contaminates equipment or site without appropriately correcting the situation
- Failure to adequately dispel air resulting in potential for air embolism
- Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate]
- Failure to turn-on IV after injecting medication
- Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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Intermediate to Advanced Emergency Medical Technician Transition Course



National Registry of Emergency Medical Technicians Advanced Level Psychomotor Examination

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate body substance isolation precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____	TOTAL	24

Critical Criteria

- Failure to establish a patent and properly adjusted IO line within 8 minute time limit
- Failure to take or verbalize appropriate body substance isolation precautions prior to performing IO puncture
- Contaminates equipment or site without appropriately correcting the situation
- Performs any improper technique resulting in the potential for air embolism
- Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- Failure to successfully establish IO infusion within 2 attempts during 8 minute time limit
- Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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