OKLAHOMA EMS
I/85 TO AEMT
TRANSITION SKILLS

EXAMINATION
COORDINATOR MANUAL

APRIL 1, 2012

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. To assist you with the psychomotor evaluation required by this Transition Course, we have put the following together.

The outcome of each "Transition Course" will be submitted to the Oklahoma State Department of Health – EMS Division on a Final Roster and in the case of this level [I/85 to AEMT] a Practical Site Summary sheet. 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**
    - **Intravenous Bolus Medications**
    - **Pediatric Intraosseous Infusion**

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

Patient Assessment – Medical Essay
to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material

This skill is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a conscious patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the candidate's questions based on the scenario(s) being utilized today. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed. You must also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You must also ensure the accuracy of the information the Simulated Patient is providing and must immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient or a high fidelity simulation manikin capable of responding as a real patient. The scenario that is provided will contain enough information for the candidate to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient must remain awake and able to communicate with the candidate throughout the scenario. Please

moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the examination. You must ensure the Simulated Patient reads the "Information for the Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first candidate to ensure familiarization with today's scenario. **You are not permitted to alter any patient information provided in the scenario other than age and gender to coincide with today's Simulated Patient.** Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition. Information pertaining to vital signs should not be provided until the candidate actually performs the steps necessary to obtain such information.

As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient. The instructions are written to help ensure that only Advanced Emergency Medical Technician candidates complete this skill.

Candidates are required to perform a scene survey just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged but would be immediately evident in a real patient must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present with this type of condition that is difficult to moulage. An unacceptable response would be merely stating, "The patient is experiencing acute left ventricular failure."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs listed with the scenario have been provided as a guide for the Simulated Patient's initial vital signs. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate patient response, either positive or negative, to the treatment(s) provided. You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a "physiological miracle" by improving the Simulated

Patient too much at too early a step. If on the other hand no or inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. However, do not deteriorate the Simulated Patient to the point where he/she can no longer communicate with the candidate.

For the purposes of this skill, the candidate must verbalize his/her "General Impression" of the patient after hearing the scenario and completing the Scene Size-Up phase. Two imaginary assistants trained to the candidate's level (Advanced Emergency Medical Technician) are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to auscultate the posterior thorax of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, "Please auscultate this Simulated Patient's chest as you would a real patient in the out-of-hospital setting." This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the candidate's directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the training officer for clarification prior to opening your skill. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes four distinct categories of assessment, namely the "Scene Size-Up," "Initial Assessment," "Focused History and Physical Examination/Rapid Assessment," and "On-Going Assessment." However, as you will recall, after completing the "Initial Assessment" and determining that the patient does not require immediate and rapid transport, the steps listed in "Focused History and Physical Examination/Rapid Assessment" section may be completed in any number of acceptable sequences. If the mechanism of injury suggests potential spinal compromise, immediate and continuous cervical spine precautions must be taken. If not, deduct the point for the step, "Considers stabilization of spine," mark the appropriate statement under "Critical Criteria" and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the "Initial Assessment," the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions, establishing peripheral IVs, or performing other detailed physical assessments if prolonged extrication or removal is not a consideration. You must inform the candidate who chooses to immediately transport the critical patient to continue his/her focused history/ physical examination and on-going assessment during transport of the patient. Be sure to remind the candidate that both "partners" are available during transport. You must stop the candidate promptly when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a Programmed patient. **You may not alter any patient information provided in the scenario other than age and gender to coincide with today's Simulated Patient.** Be sure to program your Simulated Patient to

respond as a real patient would given all conditions listed in the scenario. Also make sure the Simulated Patient acts, moves, and responds appropriately given the scenario just as a real patient would. You may need to confirm a portion of the candidate's performance with the Simulated Patient to help ensure a thorough and complete evaluation. All Simulated Patients must be adults or adolescents who are at least sixteen (16) years of age. All Simulated Patients must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient must also be wearing shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments must be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you must pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the scenario notes the patient is diaphoretic. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc., which you act out must be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would. The Skill Examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you must act out must be consistently displayed throughout the examination.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The Skill Examiner will be role-playing several practice sessions with you to help you become comfortable with your roles today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Examiner will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. It is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she may auscultate posterior breath sounds, sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you may need to discuss the candidate's performance after he/she leaves the room with the Skill Examiner.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulage. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until you have reviewed all necessary to carry out this medical patient assessment scenario. You must also have a live Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A high fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PATIENT ASSESSMENT – MEDICAL

This is the Patient Assessment – Medical skill.

In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient's clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, must be obtained from the Simulated Patient just as you would in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

[Skill Examiner now reads "Entry Information" from prepared scenario and begins 15 minute time limit.]

Exam coordinator will choose one or two of the following scenarios for the examination……

RESPIRATORY

You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a 'tripod' position. You see rapid respirations and there is cyanosis around the lips, fingers and capillary beds

INITIAL ASSESSMENT

Chief Complaint: "I'm having a hard time breathing and I need to go to the hospital"
Apparent Life Threats: Respiratory compromise
Level of Responsiveness: Patient is only able to speak in short sentences interrupted by coughing.
Airway: Patent
Breathing: 28 and deep, through pursed lips
Circulation: No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision: Immediate transport

FOCUSED HISTORY AND PHSICAL EXAMINATION

Onset: "I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days"
Provokes: "Whenever I go up or down steps, it gets really bad"
Quality: "I don't have any pain, I'm just worried because it is so hard to breath. I can't seem to catch my breath"
Radiate: "I don't have any pain"
Severity: "I can't stop coughing, I think I'm dying"
Time: "I woke up about three hours ago. I haven't been able to breathe right since then"
Interventions: "I turned up the flow of my oxygen about an hour ago"
Allergies: Penicillin and bee stings
Medications: Oxygen and a handheld inhaler
Past Medical History: Treated for emphysema for the past 10 years.
Last Meal: "I ate breakfast this morning"
Events Leading
To Illness: "I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed"
Focused physical
Examination: Auscultative breath sounds
Vitals: RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint: "My chest really hurts. I have angina but this pain is worse than any I have ever felt before"
Apparent Life Threats: Cardiac compromise
Level of Responsiveness: Awake and alert
Airway: Patent
Breathing: 24 and shallow
Circulation: No bleeding, pulse 124 and weak, skin cool and clammy
Transport Decision: Immediate

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset: "The pain woke me up from my afternoon nap"
Provokes: "It hurts really bad and nothing I do makes the pain go away"
Quality: "It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breathe."
Radiate: "My shoulders and jaws started hurting about ten minutes before you got here, but the worst pain is in the middle of my chest. That's way I called you."
Severity: "This is the worst pain I have ever felt. I can't stand it"
Time: "I've had this pain for about an hour, but it seems like days"
Interventions: "I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?"
Allergies: None
Medications: Nitroglycerin
Past Medical History: Diagnosed with angina two years ago
Last Meal: "I had soup and a sandwich about three hours ago."
Events Leading To Illness: "I was just sleeping when the pain woke me up"
Focused physical Examination: Assesses baseline vital signs
Vitals: R 24, P 124, BP 144/92

ALTERED MENTAL STATUS

When you arrive on the scene you are met by a 37 year old male who says his wife is a diabetic and isn't acting normal.

INITIAL ASSESSMENT

Chief Complaint:	"My wife just isn't acting right. I can't get her to stay awake. She only opens her eyes then goes right back to sleep"
Apparent Life Threats:	Depressed central nervous system, respiratory compromise
Level of Responsiveness:	Opens eyes in response to being shaken
Airway:	Patent
Breathing:	14 and shallow
Circulation:	120 and weak
Transport Decision:	Immediate

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Description of Episode:	"My wife took her insulin this morning like any other morning but she has had the flu and has been vomiting"
Onset:	"It happened so quickly. She was just talking to me and then she just went to sleep. I haven't really been able to wake her up since"
Duration:	"She's been this way for about 15 minutes now. I called you right away. I was really scared"
Associated systems:	"The only thing that I can think of is that she was vomiting last night and this morning"
Evidence of trauma:	"She didn't fall. She was just sitting on the couch and fell asleep. I haven't tried to move her"
Interventions:	"I haven't done anything but call you guys. I know she took her insulin this morning"
Seizures:	None
Fever:	Low grade fever
Allergies	Penicillin
Medications:	Insulin
Past Medical History	Insulin dependent diabetic sine 21 years of age
Last Meal:	"My wife ate breakfast this morning"
Events Leading To Illness:	"My wife has had the flu and been vomiting for the past 24 hours"
Focused physical Examination:	Completes a rapid assessment to rule out trauma
Vitals:	RR 14, P 120 BP 110/72

ALLERGIC REACTION

You arrive to find a 37 year old male who reports eating cookies he purchased at a bake sale. He has audible wheezing, and is scratching red, blotchy areas on his abdomen, chest and arms.

Chief Complaint: "I'm having an allergic reaction to those cookies I ate"
Apparent Life Threats: Respiratory and circulatory compromise
Level of Responsiveness: Awake, very anxious and restless
Airway: Patent, at this time
Breathing: 26, wheezing and deep
Circulation: No bleeding, pulse 120 and weak, cold and clammy skin

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of Allergies: "Yes, I'm allergic to peanuts"
When Ingested: "I ate cookies about 20 minutes ago and began itching all over about five minutes later."
How much Ingested: "I only ate two cookies"
Effects: "I'm having trouble breathing and I feel lightheaded and dizzy"
Progression: "My wheezing is worse. Now I'm sweating really bad"
Interventions: "I have my epi-pen upstairs, but I'm afraid to stick myself"
Allergies: Peanuts and penicillin
Medications: None
Past Medical History: "I had to spend two days in the hospital the last time this happened."
Last Meal: "The last thing I ate were those cookies"
Events Leading To Illness: "None, except I ate those cookies"
Focused physical Examination: Not indicated
Vitals: RR 26, P 120, BP 90/60

POISONING/OVERDOSE

You arrive on the scene where a 3 year old girl is sitting on her mother's lap. The child appears very sleepy and doesn't look at you as you approach.

INITIAL ASSESSMENT

Chief Complaint: "I think my baby has swallowed some of my sleeping pills. Please don't let her die!"
Apparent Life Threats: Depressed central nervous system and respiratory compromise
Level of Responsiveness: Responds slowly to verbal commands.
Airway: Patent
Breathing: 18 and deep
Circulation: 120 and strong
Transport Decision: Immediate

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance: "My baby took my sleeping pills. I don't know what kind they are. They just help me sleep at night"
When Ingested: "I think she must have got them about an hour ago when I was in the shower. Her older sister was supposed to be watching her."
How much Ingested: "My prescription was almost empty. There couldn't have been more than four or five pills left. Now they're all gone. Please do something."
Effects: "She just isn't acting like herself. She's usually running around and getting into everything."
Progressions: "She just seems to get sleepier and sleepier by the minute"
Interventions: "I didn't know what to do, so I just called you. Can't you do something for her"
Allergies: None
Medications: None
Past Medical History None
Last Meal "She ate breakfast this morning"
Events Leading To Illness "She just swallowed the pills"
Focused physical Examination: Completes a rapid trauma assessment to rule out trauma
Vitals: RR 18, P 120, BP 90/64

ENVIRONMENTAL EMERGENCY

You arrive on the scene as rescuers are pulling a 16 year old female from an ice covered creek. The teenager has been moved out of the creek onto dry land, is completely soaked and appears drowsy.

INITIAL ASSESSMENT

Chief Complaint: "I saw something in the water below he ice. When I tried to get it out, the ice broke."
Apparent Lift Threats: Generalized hypothermia
Level of Responsiveness: Responsive, but slow to speak
Airway: Patent
Breathing 26 and shallow
Circulation: No bleeding; pulse 110 and strong; pale; wet skin still covered in wet clothing.
Transport Decision: Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Source: "I fell in the creek when the ice broke. I tried to get out but the current was to strong. Thanks God you came"
Environment: "The water was up to my neck. I could stand up, but I couldn't get out of the water"
Duration: "I think I was in the water for ten minutes before they pulled me out. It felt like an hour"
Loss of Consciousness: "I feel sick, but I never passed out"
Effects: Lowered body temperature, slow speech patterns, "I can't stop shivering"
Allergies: None
Medications: None
Past Medical History None
Last Meal "I ate lunch at school three hours ago"
Events Leading To Illness: "I thought the ice would hold me"
Focused physical Examination: Completes a rapid assessment to rule out trauma
Vitals: RR 26, P 110 and strong, BP 120/80

OBSTETRICS

You arrive on the scene where a 26 year old female is laying on the couch saying. "The baby is coming and the pain is killing me!"

INITIAL ASSESSMENT

Chief Complaint: "I'm nine months pregnant and the baby is coming soon."
Apparent Life Threats: None
Level of Responsiveness: Awake and alert
Airway: Patent
Breathing: Panting, rapid breathing during contractions
Circulation: No bleeding, pulse 120, skin is pale
Transport Decision: Unknown

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Are you Pregnant: See chief complaint (award point if mentioned in general impression)
How long Pregnant: See chief complaint (award point if mentioned in general impression)
Pain or Contractions: "My pain is every 2-3 minutes and it lasts 2-3 minutes"
Bleeding or Discharge: None
Do you feel the Need to push "Yes, every time the pain begins"
Crowning: present (award point if identified in focused physical exam)
Allergies: None
Medications: None
Past Medical History: "This is my third baby."
Last Meal: "I ate breakfast today"
Events Leading To Illness: "The contractions started a few hours ago and have not stopped"
Focused physical Examination: Assess for crowning, bleeding and discharge
Vitals: RR 40 during contractions, P 120, BP 140/80

BEHAVIORAL

You arrive on the scene where you find a 45 year old male in the custody of the police. He is unable to stand and smells of beer. He appears to be dirty and you notice numerous rips and tears in his clothes.

INITIAL ASSESSMENT

Chief Complaint: "Nothing is wrong with me except these cops won't leave me alone. I only drank two beers"
Apparent Lift Threats: None
Level of Responsiveness: Responds slowly with slurred speech to verbal questions
Airway: Patent
Breathing: 16 and effortless
Circulation: No bleeding, pulse 100, warm skin and red nose.
Transport Decision Delayed

FOCUSED HISTORY AND PHYSICAL EXAMINATION

How do You feel: "I'm a little sick, otherwise, I just want to go to sleep"
Suicidal Tendencies: "No, I ain't going to kill myself"
Threat to Others: "hey man, I ain't never hurt anyone in my life"
Is there a Medical problem: "My wife says I'm an alcoholic, but what does she know"
Interventions: "Yeah, I took three aspirins because I know I'm going to have one heck of a headache in the morning"
Allergies: None
Medications: None
Past Medical History: "I've been I the hospital four times with those DTs"
Last Meal: "Man, I haven't eaten since yesterday"
Events Leading To Illness: "I don't care what these cops say, I didn't fall down. I was just taking a nap before going home"
Focused physical Examination: Complete a rapid assessment to rule out trauma
Vitals: RR 16, P 100, BP 90/60

Pediatric Skills --Pediatric Respiratory Compromise Essay to Skill Examiners

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- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
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Pediatric Respiratory Compromise

I/85 to Advanced Emergency Medical Technician candidates complete this skill. These sequential skills are designed to test a candidate's ability to provide ventilatory assistance to a 1 year old child who progresses from respiratory distress to respiratory failure. For the purposes of these testing skills, no spinal injury is suspected and spinal immobilization precautions are **not** necessary. This skill was developed to simulate a realistic situation where a 1 year old child in respiratory distress is found sitting in his mother's lap. No bystander interventions have been initiated. An array of appropriate equipment is essential for these skills. You must ensure that an appropriate volume/size pediatric bag-valve-mask device, oropharyngeal and nasopharyngeal airways, pediatric oxygen adjuncts (simple face mask, non-rebreather face mask), pulse oximeter, and capnography/capnometry (waveform or colorimetric) are available and work adequately throughout the examination. The choice of appropriate equipment is essential when assisting ventilationin the pediatric patient who is experiencing respiratory distress or failure. Using an oropharyngeal airway that is too large may obstruct the airway or displace the tongue in the pharynx, resulting in obstruction. The bag-valve-mask device must be of appropriate size to provide an

adequate mask seal and not over- inflate the lungs. If two or more rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the practical examination, the oxygen tank used may be empty. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator,
BVM, and reservoir should be in working order.

When the actual timed evaluation begins, the candidate must begin to assess the patient who initially presents sitting upright in his mother's lap with signs of respiratory distress. The candidate should form a general impression of the patient's condition by observing the patient and his interaction with the mother and the environment. These assessments should be accomplished without approaching or touching the patient to avoid upsetting the child which could worsen respiratory distress and hasten the progression to respiratory failure. You should inform the candidate that the child is alert but anxious and is being consoled by his mother. The child should present with a 2 – 3 day history of recent upper respiratory infection and low-grade fever. The symptoms have worsened over the past 4 hours which caused the parents to call 9-1-1. The candidate should continue to assess the child from a distance, looking for secretions, drooling, and signs of foreign body airway obstruction as well as listening for audible noises. The candidate should be informed that he/she observes increased work of breathing with retractions and hears audible grunting. The initial respiratory rate is 60 breaths/minute.

As the candidate begins his/her primary assessment and initial treatment with supplemental oxygen, you should report that the initial SpO_2 is 82% on room air. The candidate should leave the child in his mother's lap while coaching the mother to assist with administration of blow-by oxygen for her child. At this point, you should provide signs of a patient who is progressing from respiratory distress to respiratory failure. The child should become drowsy and the head should begin bobbing. Despite a few minutes of supplemental oxygen administration, the hemoglobin saturation does not increase appreciably. The candidate should observe see-saw respirations and the pulse rate begins to decrease. You should also describe signs of a decreasing level of responsiveness, such as drowsiness, lethargy and eventually unresponsiveness.

It is imperative that the candidate recognizes the signs of a worsening patient and immediately begins effective ventilation of the child. Supplemental oxygen delivery should be discontinued at this point and the patient should be removed from his mother's lap and placed in the supine position. Padding must be placed under the scapulae to properly position the head in a neutral or sniffing position in children less than two (2) years of age. If you are using a manikin where it is not possible to demonstrate elevation of the upper torso, simply ask the candidate to describe how he/she would place a 1 year old child in a neutral or sniffing position. The candidate should assess the child's airway and consider insertion of a nasopharyngeal or oropharyngeal airway. After advising the candidate that the adjunct was accepted without difficulty, you should inform the candidate that the patient is breathing at a rate of 20/minute. An appropriately sized bag-valve-mask device should be chosen and immediately attached to the oxygen regulator flowing at 12 – 15 L/minute. While maintaining the head in a neutral or sniffing position, a tight mask seal should be obtained and assisted ventilations should be initiated. Be sure to time the candidate for at least 1 minute and count the ventilations delivered. If the candidate does not ventilate the manikin at a rate of 20/minute (1 ventilation every 3 seconds), be sure to mark the related "Critical Criteria" and document the exact rate that you observed. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's response to ventilation attempts. Remember that each ventilation should be sufficient to cause visible chest rise in a real patient. If the candidate does not explain how he/she would assess the effectiveness of ventilations, you should ask him/her, "How would you know if you are ventilating the patient properly?" No more than 2 ventilatory

volume errors in a 1 minute time period are acceptable. You should document any incorrect responses concerning the ventilatory rate and/or tidal volume and check any related “Critical Criteria” statements if necessary.

Throughout these skills, the candidate should take or verbalize body substance isolation precautions. At a minimum, examination gloves must be provided as part of the equipment available in these skills. If the candidate does not protect himself/herself with at least gloves or attempts direct mouth-to-mouth ventilation, body substance isolation precautions have not been taken. Should this occur, mark the appropriate statement under "Critical Criteria" and document the candidate's actions as required.

Equipment List

Do not open these skills for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, laryngoscope disassembled, cuffs deflated with syringes disconnected, etc.) before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikins (infant)
- End-tidal CO_2 detector and/or esophageal detector device (EDD)
- Appropriate volume/size pediatric Bag-valve-mask device with reservoir (infant)
- Pulse oximeter
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (infant)
- Selection of nasopharyngeal airways (infant)
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc. for infant)
- Stethoscope
- Towel or other appropriate padding

The Skill Examiner reads the following instructions to all I/85 to Advanced Emergency Medical Technicians who must complete the Pediatric Respiratory Compromise Skill:

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PEDIATRIC RESPIRATORY COMPROMISE

Since you are testing at the I/85 to Advanced Emergency Medical Technician level today, these skills are designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to a one (1) year old child in respiratory distress. No other associated injuries are present. This is a non-trauma situation and cervical precautions are not necessary. You must actually perform all assessments and interventions that you feel are necessary. If you choose to ventilate the manikin with a bag-valve-mask device, you must do so for at least one (1) minute. I will serve as your trained assistant and will be interacting with you throughout these skills. I will correctly carryout your orders upon your direction.
Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

You respond to a residence for a sick child who is having difficulty breathing. The scene is safe and no hemorrhage or other immediate problem is found. As you enter the residence, you see a one (1) year old child sitting on his mother's lap.

Pediatric Skills -- Pediatric Intraosseous Infusion Essay to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material

Pediatric Intraosseous Infusion

These skills are designed to evaluate a candidate's ability to establish an intraosseous infusion in the pediatric patient. An array of commonly used equipment to establish an intraosseous line in a pediatric patient should be available on the testing table from which the candidate must select the appropriate materials. Manual insertion of Jamshidi® needles as well as the use of electric, drill-type devices and spring-loaded devices such as the B.I.G. Bone Injection Gun® are permitted in this skill. To help control costs for the examination, expired solutions may be used. As soon as the candidate chooses the solution from the representative sample of equipment assembled, you will need to hand them the expired solution and state, "For the purposes of this evaluation, we'll assume this is the solution you selected. You may continue." In a similar way, any other equipment in this skill may be repackaged and reused. If multiple skills are set-up, be sure all equipment is identically labeled.

After reading the prepared scenario, each candidate must select, prepare, and establish an intraosseous infusion in the pediatric intraosseous infusion manikin. **The use of wet tissue (chicken legs, etc.) for this skill is prohibited.** You should respond to the candidate's questions as the parent of this patient would in the field. Do not provide any misleading or "tricky" responses. If asked, you should answer

any questions about the patient and should state the weight of the patient in pounds only as listed in the scenario.

When preparing the solution, administration set, and syringe, some systems use a three-way stopcock valve instead of the additional extension tubing. The use of extension tubing is optional in this skill and subject to local practices. Please keep this in mind when reviewing the step that reads, "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." Remember that many successful IO sticks are "dry sticks" that yield no marrow return upon aspirating the IO needle. It is acceptable for the candidate to immediately connect the infusion set to the IO needle and slowly infuse fluid while watching for early signs of infiltration. In this case, the candidate properly evaluated the patency of the IO line in an acceptable manner.

The candidate has a maximum of two (2) attempts to establish an intraosseous infusion within the six (6) minute time limit. You should immediately dismiss the candidate when the six (6) minute time limit expires or he/she is unsuccessful in placing the needle after two (2) attempts. It is imperative that the correct landmark be identified before insertion of the needle to avoid damage to the epiphyseal plate. The candidate should locate the tibial tuberosity and insert the needle 2 – 3 fingers' width below this landmark on the anteromedial surface. After properly cleansing the site, the needle should be inserted at about a 90 degree angle or slightly directed away from the joint. The Jamshidi® needle should be inserted using firm pressure and in a twisting, back-and-forth, boring motion until penetration through the bone is noted by feeling a "pop" and the sensation of a sudden lack of resistance. When using an electric, drill-type device, the needle is advanced until there is a noticeable lack of resistance. When using the B.I.G. Bone Injection Gun®, the depth of insertion should be adjusted based upon the patient's age. No matter what device is used, the site should also be stabilized in a safe manner while the puncture is being performed. If the candidate holds the leg in the palm of one hand while performing the puncture directly over top of his/her hand, you should mark the related "Critical Criteria" statement for this potentially dangerous action and document the candidate's actions as required. Additionally, it is imperative that the safety device is only removed after firmly placing the B.I.G. Bone Injection Gun® on the leg and stabilizing the device before deploying the trochar. The Skill Examiner must be vigilant and immediately stop any dangerous act before actual harm may occur. Be sure to dismiss the candidate, check the Critical Criteria statement for "Uses or orders a dangerous or inappropriate intervention," and specifically document the situation on the back side of the skill evaluation form.

After removing the trochar, the IO catheter should stand up unsupported if it has been properly placed in the bone. Extension tubing or a three-way stopcock valve with a syringe should be attached and aspiration of blood or bone marrow can be attempted to confirm proper placement or fluid can be injected slowly while watching for signs of infiltration. Remember that it is not always possible to aspirate cloudy marrow or blood from a properly placed intraosseous needle and you may wish to alter your response between candidates accordingly. The candidate should slowly inject fluid and observe for signs of infiltration around the injection site and then adjust the appropriate flow rate. Finally, the needle should be secured in place and stabilized with sterile gauze or other bulky dressings.

The scenario lists the weight of the patient and the amount of fluid to be administered. You may alter the weight of the patient throughout the examination as long as you note the weight on the candidate's evaluation form. Given the scenario, the candidate should bolus an appropriate amount of fluid or calculate and set the appropriate drip rate as he/she would in the field. If the fluid is not administered appropriately, you should deduct the point for the step which reads, "Connects administration set and adjusts flow rate as appropriate," check the related "Critical Criteria" statement, and completely document

the error as required on the back side of the evaluation form. Do not let any candidate leave the room with any documentation of his/her calculation.

At the conclusion of the performance, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Equipment List

Do not open these skills for testing until the following equipment is available. If the Pediatric Ventilatory Management skill is being evaluated in a separate Pediatric Skills area, disregard all pediatric equipment in the following list. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, laryngoscope disassembled, cuffs deflated with syringes disconnected, etc.) before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)
- Stethoscope
- 1/2" tape
- Towel or other appropriate padding
- Intraosseous infusion manikin with replacement tibias (6 – 8 sticks/tibia)
- IV solutions*
- Administration sets**
- IV extension tubing or 3-way stopcock
- Intraosseous needles (Jamshidi®, electric, drill-type and/or spring-loaded device)
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing
- Approved sharps container

* Need a selection array but may be expired
** Need a selection array and must include microdrip (60 gtt/mL) tubing

The Skill Examiner reads the following instructions to all I/85 to Advanced Emergency Medical Technician candidates who must complete the Pediatric Intraosseous Infusion Skill:

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR PEDIATRIC INTRAOSSEOUS INFUSION

Welcome to the Pediatric Intraosseous Infusion skill. This skill is designed to test your ability to establish an intraosseous infusion in a pediatric patient just as you would in the field. You will have a maximum of two (2) attempts to establish a patent and flowing intraosseous infusion within a six (6) minute time limit. Within this time limit, you will be required to properly administer fluid to a pediatric patient just as you would in the field based on a given scenario. Although we are using the manikin, you should conduct yourself as if this were a real patient. You should assume that I am the parent of this patient and may ask me any questions you would normally ask in this situation. Do you have any questions?

The patient you are treating is…[alternate between the below]

An 8 month old infant who is burned on the chest and arms. Your assistant has secured an airway and your protocols ask for fluid administration of 20 mL/kg by intraosseous. This infant weights 15 pounds.

A six month old has had diarrhea and has not taken in too much fluid the last 2 days. Protocol requires fluid administration thru an intraosseous line of 20 mL/kg and the baby weights 20 pounds

IV and Medication Skills Essay
to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor.
- Objectively observing and recording each candidate's performance.
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMT Assistant for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material.

This skill is designed to verify a candidate's competency in administering an intravenous bolus injection of medication. These skills are scenario-based and the candidate must choose the appropriate IV solution and medication following the instructions and scenarios in accordance with American Heart Association guidelines and other accepted medical practice.

I/85 to Advanced Emergency Medical Technician candidates should establishing a patent IV, then ….

Intravenous Bolus Medications

An array of commonly used medications packaged in prefilled syringes should be available on the testing table from which the candidate must select the appropriate medication (atropine, epinephrine 1:10,000, naloxone, and dextrose 50% at a minimum). These syringes can be filled with water, saline, or IV solution and must be refilled and repackaged before each candidate is permitted to enter the room.

After reading the prepared scenario, each candidate must select, prepare, and inject the correct amount of the appropriate drug into the IV line based on the given scenario. You should respond to the candidate's questions as a patient would in the field and should not provide any misleading or "tricky" responses. If asked, you should state your actual or imaginary weight in pounds only so the candidate may calculate the correct dosage based upon your weight. Do not let any candidate leave the room with any documentation

of his/her calculation. The amount of drug dispelled from the syringe and injected into the medication port of the IV line verifies the dosage administered to the patient regardless of any verbally stated dosage. Therefore, take great care in refilling all syringes between candidates. Given the scenario, the administration of an incorrect drug or improper dosage must be noted in the "Critical Criteria" section on the evaluation form and your rationale for checking any of these statements must be documented.

You will need to know the level at which the candidate is testing so that an appropriate scenario for the Intravenous Bolus Medications skill can be read to the candidate. At the conclusion of the performance, carefully review all "Critical Criteria" statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Equipment List

Do not open these skills for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination:

- Examination gloves
- IV infusion arm
- IV solutions*
- Administration sets**
- IV extension tubing or 3-way stopcock
- IV catheters***
  IV push medications (prefilled syringes)****
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Bulky dressing
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:

* Need a selection array but may be expired
** Need a selection array and must include microdrip tubing (60 gtt/cc)
*** Need a selection array and can replace with small (20-22 ga.) catheters
**** Must include atropine, epinephrine 1:10,000, naloxone, and dextrose 50% plus several others

The Skill Examiner reads the following instructions to all I/85 to Advanced Emergency Medical Technician candidates who complete the Intravenous Therapy and Intravenous Bolus Medications Skills:

INSTRUCTIONS TO THE ADVANCED EMERGENCY MEDICAL TECHNICIAN PSYCHOMOTOR SKILLS CANDIDATE FOR IV AND MEDICATION SKILLS

Welcome to the Medication Skill.

Since you are testing at the Advanced Emergency Medical Technician level today, you will be given a patient scenario and will be required to establish an IV and administer an IV bolus of medication just as you would in the field. If you do not successfully establish the IV, you will not be able to administer the IV bolus of medication to the patient. Although we are using the manikin arm, you should conduct yourself as if this were a real patient. You should assume that I am the actual patient and may ask me any questions you would normally ask a patient in this situation. After you establish the IV, you will have three (3) minutes to begin IV administration of a bolus of medication. Do you have any questions?

The patient you are treating is… [alternate between the following]

A confused patient who is being transported for evaluation at a medical facility. The orders enroute ask that you administer 12.5 grams of D50% IV at this time.

An unresponsive person who is only breathing at 6 per minute, and very shallow. You notice the patients pupils to not respond to light and are dilated.