

# 2009 CBT/OTEP 434 Cardiovascular Emergencies

EMERGENCY MEDICAL SERVICES (10/20/08) MH

# SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 434 Cardiovascular Emergencies

Student Name

Recert Yes No

Date

Written Score

(online)

<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>ID #</b>		<b>DATE</b>	
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**Objective:** Given a partner, appropriate equipment and a patient with chest pain, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 434 and EMT Patient Care Guidelines.

**SCENE SIZE-UP** (must verbalize)

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources
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**INITIAL ASSESSMENT** (must verbalize)

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> <b>SICK</b>
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> <b>NOT SICK</b>

**SUBJECTIVE** (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **time of onset** of complaint, signs or symptoms
- Obtains names/dosages of current **medications** and were any taken – (e.g., Viagra, Cialis, Levitra, NTG)

**OBJECTIVE** (PHYSICAL EXAM)

- Records and documents **baseline vital signs** - listens to **lung sounds** and **compares** sides
- Performs appropriate **medical / trauma exam** — exposes/checks for bleeding and/or injuries (if indicated)
- Connects monitoring leads and monitors patient (if trained to do so and if appropriate)
- Obtains second set of vital signs and compares to baseline

**ASSESSMENT** (IMPRESSION)

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

**PLAN** (TREATMENT)

**GENERAL CARE** (Check all that apply)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)</li> <li><input type="checkbox"/> Places patient in the appropriate position for condition (sitting, lying)</li> <li><input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)</li> <li><input type="checkbox"/> <b>Monitors</b> patient's vital signs</li> <li><input type="checkbox"/> Properly assists with patient's <b>nitroglycerine</b> (if indicated)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Initiates steps to prevent heat loss</li> <li><input type="checkbox"/> Considers <b>Index of Suspicion</b></li> <li><input type="checkbox"/> Connects <b>monitoring leads</b> and monitors pt. (if trained to do so)</li> <li><input type="checkbox"/> Performs ongoing assessment</li> <li><input type="checkbox"/> Glucometry performed</li> <li><input type="checkbox"/> Oximetry performed</li> <li><input type="checkbox"/> _____(additional)</li> </ul> |
|---|---|

**CRITICAL (FAIL) CRITERIA**

**DID NOT...**

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

**COMMUNICATION AND DOCUMENTATION**

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

**MEETS STANDARDS (RECERT)**

YES       NO

**2<sup>nd</sup> ATTEMPT**

YES       NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

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

Medications taken by patient at home

Allergies

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Chief Complaint

Narrative

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# 2009 CBT/OTEP 442 Stroke

EMERGENCY MEDICAL SERVICES (10/20/08) MH

## SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 442 Stroke

Student Name

Recert Yes No Date

Written Score

(online)

<b>NAME</b> <small>PRINT STUDENT'S NAME</small>	<b>ID #</b>	<b>DATE</b>
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**Objective:** Given a partner, proper equipment and a patient with s/s of a stroke, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 442 and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)

- BSI     Scene Safety     Determines MOI/NOI     Number of Patients     Additional Resources

### INITIAL ASSESSMENT (must verbalize)

- |  |                                  |                                    |                                      |   |                                   |
|--|----------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Mental Status   | <input type="checkbox"/> Airway  | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK     |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine |                                    | <input type="checkbox"/> Bleeding    | <input type="checkbox"/> Body Position  | <input type="checkbox"/> NOT SICK |

### SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **time of onset** of complaint, signs or symptoms (appreciates 3 hr. time frame for definitive care)
- Obtains names/dosages of current **medications**

### OBJECTIVE (PHYSICAL EXAM)

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

### ASSESSMENT (IMPRESSION)

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

### PLAN (TREATMENT)

#### GENERAL CARE (Check all that apply)

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

#### CRITICAL (FAIL) CRITERIA

##### DID NOT...

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

### COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

### MEETS STANDARDS (RECERT)

- YES     NO  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

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

Medications taken by patient at home

Allergies

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Chief Complaint

Narrative

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# 2009 CBT/OTEP 445 Head/Spine and Chest

EMERGENCY MEDICAL SERVICES (10/20) MH

# SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 445 Head/Spine Injuries Student Name

<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>ID #</b>		<b>DATE</b>
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**Objective:** Given a partner, proper equipment and a patient with a head/spine injury, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 445 and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)

- BSI   
  Scene Safety   
  Determines MOI/NOI   
  Number of Patients   
  Additional Resources

### INITIAL ASSESSMENT (must verbalize)

- |  |                                  |                                    |                                      |   |                                   |
|--|----------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Mental Status   | <input type="checkbox"/> Airway  | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK     |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine |                                    | <input type="checkbox"/> Bleeding    | <input type="checkbox"/> Body Position  | <input type="checkbox"/> NOT SICK |

### SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint**
- Follows **SAMPLE** and **OPQRST** investigation (if possible)
- Obtains names/dosages of current **medications** (if possible)

### OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs**
- Performs appropriate **medical / trauma exam** - exposes/checks for bleeding and/or injuries
- Notes/records any **neurologic deficits**
- Obtains second set of vital signs and compares to baseline

### ASSESSMENT (IMPRESSION)

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

### PLAN (TREATMENT)

#### GENERAL CARE (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)             | <input type="checkbox"/> Performs proper <b>spinal immobilization</b> |
| <input type="checkbox"/> Immediately <b>stabilizes</b> the head in a <b>neutral in-line</b> position | <input type="checkbox"/> Initiates steps to prevent heat loss         |
| <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)   | <input type="checkbox"/> <b>Monitors</b> patient vital signs          |
| <input type="checkbox"/> Applies proper <b>dressings and/or bandage</b> to wound (as indicated)      | <input type="checkbox"/> Considers <b>Index of Suspicion</b>          |
| <input type="checkbox"/> Properly <b>positions patient</b>   | <input type="checkbox"/> Performs ongoing assessment                  |
|  | <input type="checkbox"/> Glucometry performed                         |
|  | <input type="checkbox"/> Oximetry performed                           |

#### CRITICAL (FAIL) CRITERIA

##### DID NOT...

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

### COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

### MEETS STANDARDS (RECERT)

- YES     NO  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

Recert Yes No Date Written Score (online)

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

Medications taken by patient at home

Allergies

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Chief Complaint

Narrative

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# 2009 CBT/OTEP 450 Diabetic Emergencies

EMERGENCY MEDICAL SERVICES (10/20/08) MH

# SKILLS CHECKLIST

FOR RECERTIFICATION

CBT/OTEP 450 Diabetic Emergencies Student Name

<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>ID #</b>		<b>DATE</b>
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**Objective:** Given a partner, appropriate equipment and a patient with a diabetic condition, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 450 and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)

- BSI   
  Scene Safety   
  Determines MOI/NOI   
  Number of Patients   
  Additional Resources

### INITIAL ASSESSMENT (must verbalize)

- |  |                                  |                                    |                                      |   |                                   |
|--|----------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Mental Status   | <input type="checkbox"/> Airway  | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK     |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine |                                    | <input type="checkbox"/> Bleeding    | <input type="checkbox"/> Body Position  | <input type="checkbox"/> NOT SICK |

### SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint** and follows **SAMPLE** and **OPQRST** investigation
- Determines **time of onset** of complaint, signs or symptoms
- Obtains names/dosages of current **medications** and were any taken

### OBJECTIVE (PHYSICAL EXAM)

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

### ASSESSMENT (IMPRESSION)

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

### PLAN (TREATMENT)

#### GENERAL CARE (Check all that apply)

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

#### CRITICAL (FAIL) CRITERIA

##### DID NOT...

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

### COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

### MEETS STANDARDS (RECERT)

- YES     NO  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

Recert Yes No Date Written Score

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

Medications taken by patient at home

Allergies

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Chief Complaint

Narrative

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# 2009 CBT/OTEP 931 Death and Dying

EMERGENCY MEDICAL SERVICES (10/20/08) MH

# CHECKLIST FOR RECERTIFICATION

CBT/OTEP 931 Death and Dying

NAME	ID #	DATE
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PRINT STUDENT'S NAME

**Objective:** In a "roundtable" discussion group and given POLST, DNR orders or advanced directives, EMS providers will discuss and demonstrate appropriate assessment, treatment and interaction given at least three death and dying scenarios (to include compelling reasons, if applicable), applying the guidelines outlined in CBT/OTEP 931 and EMT Patient Care Guidelines.

## Roundtable Exercise

- This exercise for CBT/OTEP 931 Death and Dying course with a roundtable discussion panel was completed.
- The above individual met standards regarding specific knowledge of:
  - advanced directives
  - POLST
  - DNR orders
  - compelling reasons

### The exercise contained:

- A general explanation of the physiology of death (as covered in CBT/OTEP 931)
  - cessation of pulse and breathing
  - lividity
  - rigor mortis
- An explanation/discussion regarding (as covered in CBT/OTEP 931)
  - withholding resuscitation
  - compelling reasons
  - the dying patient
  - palliative measures
- Legal/ethical concerns (as covered in CBT/OTEP 931)
  - why families call 911
  - withholding CPR
  - advanced directives
  - POLST

***This exercise/review evaluation fulfills the practical requirements for this course.***

Student Name \_\_\_\_\_

Recert Yes No

Date \_\_\_\_\_

Written Score \_\_\_\_\_

(online)

COMMUNICATION AND DOCUMENTATION	MEETS STANDARDS (RECERT)
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated)	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
EVALUATOR SIGN YOUR NAME	ID # IF NO EXPLAIN

# 2009 CBT/OTEP 937 Street Medicine

EMERGENCY MEDICAL SERVICES (1/30/09) MH

# SKILLS CHECKLIST

FOR RECERTIFICATION

CBT/OTEP 937

Street Medicine

Student name \_\_\_\_\_

Meets Standards Yes / No

Date: \_\_\_\_\_

Written Score \_\_\_\_\_

**NAME**

PRINT STUDENT'S NAME

ID #

**DATE**

**Objective:** Given dispatch and scene information and/or a scenario description, EMS providers will discuss and/or demonstrate appropriate assessment, treatment and interaction in at least three different "**street drugs**" scenarios. They will apply the guidelines outlined in CBT/OTEP 937 and current EMT Patient Care Protocols or other appropriate guidelines as determined by your local medical control.

## Roundtable Discussion/Skills Exercise

- This exercise is for *CBT/OTEP 937 Street Medicine – Street Drugs* and was completed using either a roundtable discussion or skills performance format or both.

### Roundtable Discussion

The above student met standards regarding specific knowledge of:

- The **common street names** of abused drugs
- Street drugs by category/class** (opioids, CNS stimulants, depressants, hallucinogens, inhalants)
- The effects (**toxidromes**) of street drugs by category
- The "**life threats**" associated with common street drugs
- The **emergency care** for a patient who is under the influence of a street drug
- Understanding the importance of **documentation** regarding patient care and transport

### Skills Exercise

The above student:

- Formulated **three probable treatment plans** based on dispatch (or field) information and discussed with partner(s) as it pertains to *CBT/OTEP 937 Street Medicine – "Street Drugs"*
- Properly demonstrated:
  - Airway/ventilation** procedures for an **apneic patient**
  - Airway/suctioning** procedures for a **vomiting patient**
- Continued the **ongoing assessment** of the patient and **changed treatment plan and/or approach** as required for proper patient care and to maintain scene safety/security.

This exercise applied the discipline of *Street Medicine – Street Drugs* to:

- Responsive** patient(s)
- Unresponsive** patient(s)

***This evaluation fulfills the practical skill requirements for CBT/OTEP 937.***

### COMMUNICATION AND DOCUMENTATION

### MEETS STANDARDS (RECERT)

- Delivers timely and effective **short report** (if indicated)

YES       NO

**2<sup>nd</sup> ATTEMPT**

YES       NO

EVALUATOR SIGNATURE

ID #

IF NO EXPLAIN