

2012 CBT 442-EMT 12 Neurological Emergencies
EMERGENCY MEDICAL SERVICES (11/21/2011) MH

SKILLS CHECKLIST
FOR RECERTIFICATION

CBT 442-EMT 12 Neurological Emergencies Student Name

Recert Yes No Date

Written Score

(online / other)

NAME <small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner, proper equipment and a patient with s/s of a neurological emergency, demonstrate appropriate assessment and treatment as outlined in CBT 442-EMT12 and EMT Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<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"/> 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 the need for rapid transport)
- 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 the FAST Exam (Facial droop, Arm drift, Slurred Speech and Time of Onset)
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes impression (i.e. – Acute CVA)
- Determines if ALS is needed — states rationale _____

PLAN (TREATMENT)

<p>GENERAL CARE (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Reports APS to Dispatch <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Considers 95% SpO2 for decision <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs FAST Exam (interprets) <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Glucometry (required for suspected CVA) <input type="checkbox"/> Oximetry <input type="checkbox"/> Initiates "Code CVA" <input type="checkbox"/> "On-scene" time <15 min (when possible) <input type="checkbox"/> Performs pt. reassessment <input type="checkbox"/> Early notification to ED 	<p>CRITICAL (FAIL) CRITERIA</p> <p>DID NOT...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Properly administers oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)
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COMMUNICATION AND DOCUMENTATION

<ul style="list-style-type: none"> <input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form 	<p>MEETS STANDARDS (RECERT)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2nd ATTEMPT</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>	<small>IF NO EXPLAIN</small>
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