

NAME	<small>PRINT STUDENT'S NAME</small>	ID #	DATE
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Objective: Given a partner, appropriate equip. and a patient with an "infection-type" complaint, demonstrate appropriate assessment and treatment as outlined in CBT 940-EMT12 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 - listens to lung sounds and compares sides
- Performs appropriate medical / trauma exam — exposes/checks for bleeding and/or injuries
- Determines patient's body temperature (oral, tympanic, etc.)
- Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- Verbalizes impression (i.e. – Possible Sepsis [SIRS])
- Determines if ALS is needed — states rationale _____

PLAN (TREATMENT)

GENERAL CARE (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) | <input type="checkbox"/> Considers the "Sepsis Triad" (Fever, HR>SBP, RR>20) |
| <input type="checkbox"/> Reports APS to Dispatch | <input type="checkbox"/> Considers Index of Suspicion |
| <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) | <input type="checkbox"/> Glucometry/Oximetry |
| <input type="checkbox"/> Properly positions patient | <input type="checkbox"/> "On-scene" time <15 min (when possible) |
| <input type="checkbox"/> Performs "Posturals" (as indicated) | <input type="checkbox"/> Performs pt. reassessment |
| | <input type="checkbox"/> Early notification to ED ("patient has possible sepsis") |

CRITICAL (FAIL) CRITERIA

DID NOT...

- Take/verbalize BSI
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Properly administers oxygen
- Indicate 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
2nd ATTEMPT
 YES NO

<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>	<small>IF NO EXPLAIN</small>
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Student Name

Recert Yes No Date

Written Score

(online / other)