Objective: Given a multi-person company, BLS/ALS equipment and manikin: demonstrate assessment and treatment for Cardiac Arrest as outlined in current Standing Orders for the Treatment of Cardiac Arrest. *Consider including ALS in this drill.

### PPE / SAFETY (must demonstrate)
- [ ] Gloves
- [ ] Eye Protection
- [ ] Respiratory Protection *(as needed)*
- [ ] AED Safety

### (CAB APPROACH) COMPRESSION PERSON(S)

- [ ] Confirm: uncon./unresp.
- [ ] Pulse Check *(no more than 10 sec.)*
- [ ] Verbally counts compressions
- [ ] Airway/Breathing
- [ ] Remove patient to open area
- [ ] Remove clothing to start
- [ ] Immediately begins chest compressions with rate of at least 100 per minute
- [ ] Completes 30 compressions of CPR before first analysis
- [ ] Resume CC immediately after Analysis / Shock

### DEFIB TECHNICIAN

**ANALYZE AS SOON AS AED APPLIED**(minimum of 30 compressions)

- [ ] Shock Advised
  - [ ] Shock – *(no pulse check)*
  - [ ] 2 Minutes of CPR
  - [ ] Analyze @ 2 mins. *(post-shock)*
  - [ ] Changes compressor
- [ ] 2 mins. of CPR
  - [ ] Changes compressor
  - [ ] Pulse Check < 10 sec. *(only after 2nd No Shock)*
  - [ ] 2 Minutes of CPR

- [ ] No Shock Advised
  - [ ] Changes compressor
  - [ ] Pulse Check < 10 sec. *(only after 2nd No Shock)*

- [ ] ***FEMORAL PULSE CHECK WITH CPR***

### VENTILATION PERSON

- [ ] Give 2 breaths/30 comp. *(unsecured airway)*  **AND**
  - [ ] About 1 second/breath *(achieves chest rise)*
- [ ] Give 1 breath/10 comp *(secured airway)*  **AND**
  - [ ] About 1 second/breath *(achieves chest rise)*

### TIME KEEPER

- [ ] Tracks 2min. intervals
- [ ] Announces time at 1:45
- [ ] Eliminates ALL unnecessary interruptions

### CRITICAL FAIL CRITERIA

- All elements are CRITICAL FAIL CRITERIA

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<th>PASS</th>
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**Objective:** Given a partner the EMT will demonstrate his/her competency in dealing with proper assessment and the treatment of the Apneic patient as outlined in EMT Patient Care Guidelines and State.

### SCENE SIZE-UP (must verbalize)
- Safety Precautions (BSI)
- Scene Safety
- Reports “At Patient’s Side”
- MOI/NOI
- Number of Patients
- Additional Resources

### INITIAL ASSESSMENT (must verbalize)
- Mental Status
- C-Spine
- Bleeding
- ABC’s
- Skin Signs
- Chief complaint
- Obvious Trauma
- Body Position
- SICK
- NOT SICK

### PLAN (TREATMENT)
- Opens airway properly
- Opens airway manually properly
- Appropriately measures oropharyngeal airway
- Inserts oropharyngeal airway
- Appropriate seal with mask
- Ventilates the patient immediately using a BVM device either attached or unattached to oxygen so long as first ventilation is delivered within 30 seconds
- Ventilates the patient adequately
- Proper volume to make the chest rise
- Proper rate of 10-12/minute

### CRITICAL FAIL
- Failure to take or verbalize appropriate standard precautions
- Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- Failure to open airay manually/properly
- Failure to appropriately measure oropharyngeal airway
- Failure to properly insert oropharyngeal airway
- Failure to initiate ventilations within 30 seconds
- Failure to verbalize or attach BVM to high flow oxygen (15L/minute)
- Failure to ventilate the patient adequately to make the chest rise (maximum 2 errors/minute permissible)
- Failure to ventilate at the proper rate of 10-12/minute

### COMMUNICATION AND DOCUMENTATION
- Delivers timely and effective short report (if indicated)
- Completes SOAP narrative portion of incident response form
- YES
- NO
- 2nd ATTEMPT
- YES
- NO

**EVALUATOR SIGN YOUR NAME**

**DATE**
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Medications taken by patient at home

Allergies

Chief Complaint

Narrative

©2016 Seattle/King County EMS
**Objective:** Given a partner the EMT will demonstrate his/her competency with proper insertion of a Nasopharyngeal Airway

**SCENE SIZE-UP (must verbalize)**
- □ Safety Precautions (BSI)
- □ Scene Safety
- □ Reports “At Patient’s Side”
- □ MOI/NOI
- □ Number of Patients
- □ Additional Resources

**INITIAL ASSESSMENT (must verbalize)**
- □ Mental Status
- □ ABC’s
- □ Skin Signs
- □ Chief complaint
- □ Obvious Trauma
- □ Body Position
- □ SICK
- □ NOT SICK

**PLAN (TREATMENT)**
- □ Takes or verbalizes appropriate standard precautions
- □ Measures and selects appropriate size airway
- □ Verbalizes lubrication of the nasal airway
- □ Fully inserts the airway with the bevel facing toward the septum
- □ Demonstrates a patent airway by ventilating patient

**CRITICAL FAIL**
- □ Failure to take or verbalize appropriate and standard precautions
- □ Failure to measure and select appropriate size airway
- □ Failure to verbalize lubrication of the nasal airway
- □ Failure to fully insert airway with the bevel facing toward the septum
- □ Failure to demonstrate a patent airway by ventilating the patient
- □ Uses or orders a dangerous or inappropriate intervention
- □ Failure to manage the patient as a competent EMT
- □ Exhibits unacceptable affect with patient or other personnel

**COMMUNICATION AND DOCUMENTATION**
- □ Delivers timely and effective short report (if indicated)
- □ Completes SOAP narrative portion of incident response form
- □ YES  □ NO

**EVALUATOR SIGN YOUR NAME**

**ID**

**IF NO EXPLAIN**
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**Medications taken by patient at home**

**Allergies**

**Chief Complaint**

**Narrative**

©2016 Seattle/King County EMS
### BLS 2016 – OROPHARYNGEAL AIRWAY

**EMERGENCY MEDICAL SERVICES**

**SKILLS CHECKLIST**

**FOR RECERTIFICATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ID #</th>
<th>DATE</th>
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</table>

#### Objective:
Given a partner the EMT will demonstrate his/her competency with proper insertion of an Oropharyngeal Airway.

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

- Safety Precautions (BSI)
- Scene Safety
- Reports “At Patient’s Side”
- MOI/NOI
- Number of Patients
- Additional Resources

#### INITIAL ASSESSMENT (must verbalize)

- Mental Status
- C-Spine
- Bleeding
- ABC’s
- Skin Signs
- Chief complaint
- Obvious Trauma
- Body Position
- SICK
- NOT SICK

#### PLAN (TREATMENT)

- Takes or verbalizes appropriate standard precautions
- Measures and selects appropriate size airway
- Properly inserts the airway
- Demonstrates a patent airway by ventilating patient

#### CRITICAL FAIL

- Failure to take or verbalize appropriate and standard precautions
- Failure to measure and select appropriate size airway
- Failure to demonstrate a patent airway by ventilating the patient
- Uses or orders a dangerous or inappropriate intervention
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel

#### COMMUNICATION AND DOCUMENTATION

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

#### MEETS STANDARDS (RECERT)

- YES
- NO

**EVALUATOR SIGN YOUR NAME**

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**Medications taken by patient at home**

**Allergies**

**Chief Complaint**

**Narrative**

©2016 Seattle/King County EMS
Objective: Given a partner the EMT will demonstrate his/her competency in dealing with proper assessment and the treatment of the pediatric patient in respiratory distress. As outlined in BLS-2016-Pediatric Respiratory Emergencies and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)
- Safety Precautions (BSI)
- Scene Safety
- MOI/NOI
- Number of Patients
- Additional Resources

### INITIAL ASSESSMENT (must verbalize)
- Mental Status
- ABC’s
- Obvious Trauma
- SICK
- P.A.T.
- Skin Signs
- Body Position
- NOT SICK

### SUBJECTIVE (FOCUSED HISTORY)
- Establishes rapport with patient
- Chief Complaint
- Medications
- Medical Hx
- Permission To Treat
- SAMPLE/OPQRST
- Chief Complaint
- Medications
- Medical Hx

### OBJECTIVE (PHYSICAL EXAM)
- Baseline Vital Signs (With Temp)
- HEENT
- Lung Sounds
- Productive Cough
- LOC
- Duration of SOB
- Body Position
- 2nd Exam
- Medical Exam/Trauma Exam
- Pulmonary Exam
- Duration of SOB
- Body Position
- 2nd Exam

### ASSESSMENT (IMPRESSION)
- Must Verbalize Impression
- ALS If Indicated: Why

### PLAN (TREATMENT)
- Immediate Life Threats
- Suction Airway (if indicated)
- Proper Oxygen Therapy
- Manual Ventilation
- Pulse Ox/Glucometry
- Assist Patient With Inhaler
- Positioning Patient
- Consider EpiPen
- Consider IOS
- Ongoing Assessment

### CRITICAL FAIL
- Safety Precautions (BSI)/Scene Safety
- Administer O2 Appropriate Rate And Delivery
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Need For ALS

### COMMUNICATION
- Delivers timely and effective short report (if indicated)
- □ YES □ NO
- Completes SOAP narrative portion of incident response form
- 2nd ATTEMPT
- □ YES □ NO

---

**Student Name __________________________**

**Meets Standards** Yes / No Date:___________Written Score ________ (  / )
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Medications taken by patient at home

Allergies

Chief Complaint

Narrative

©2014 Seattle/King County EMS
**Objective:** Given a partner the EMT will demonstrate his/her competency in proper immobilization of a seated patient who requires spinal immobilization.

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

- [ ] Safety Precautions (BSI)
- [ ] Scene Safety
- [ ] Reports “At Patient’s Side”
- [ ] MOI/NOI
- [ ] Number of Patients
- [ ] Additional Resources

**INITIAL ASSESSMENT** (must verbalize)

- [ ] Mental Status
- [ ] C-Spine
- [ ] Bleeding
- [ ] ABC’s
- [ ] Skin Signs
- [ ] Chief complaint
- [ ] Obvious Trauma
- [ ] Body Position
- [ ] SICK
- [ ] NOT SICK

**PLAN** (TREATMENT)

- [ ] Directs assistant to place/maintain head in the neutral, in-line position
- [ ] Directs assistant to maintain manual stabilization of the head
- [ ] Assesses motor, sensory, and circulatory functions in each extremity
- [ ] Applies appropriately sized cervical collar
- [ ] Positions the immobilization device behind the patient without compromising the integrity of the spine
- [ ] Properly secures the device to the patient’s torso
- [ ] Evaluates torso fixation and adjusts as necessary
- [ ] Evaluates and pads behind the patient’s head as necessary
- [ ] Secures the patient’s head to the device
- [ ] Verbalizes moving the patient to a long backboard
- [ ] Reassesses motor, sensory, and circulatory functions in each extremity

**CRITICAL FAIL**

- [ ] Failure to take or verbalize appropriate standard precautions
- [ ] Failure to direct assistant to place/maintain head in the neutral, in-line position
- [ ] Failure to direct assistant to maintain manual stabilization of the head
- [ ] Failure to initially assess motor, sensory, and circulatory functions in each extremity
- [ ] Failure to apply appropriately sized cervical collar before ordering release of manual stabilization
- [ ] Manipulated/moved or allowed the patient to move excessively, causing compromise of the spine
- [ ] Head immobilized to the device before the device was sufficiently secured to torso
- [ ] Failure to immobilize the patient’s torso to the immobilization device
- [ ] Failure to immobilize the patient’s head to the immobilization device
- [ ] Torso fixation inhibits chest rise, resulting in respiratory compromise
- [ ] Failure to reassess motor, sensory, and circulatory functions

**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

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Medications taken by patient at home

Allergies

Chief Complaint

Narrative

©2016 Seattle/King County EMS
Objective: Given a partner the EMT will demonstrate his/her competency in proper immobilization of a supine patient who requires spinal immobilization.

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

- Safety Precautions (BSI)
- Scene Safety
- MOI/NOI
- Number of Patients
- Additional Resources

**INITIAL ASSESSMENT (must verbalize)**

- Mental Status
- C-Spine
- Bleeding
- ABC’s
- Skin Signs
- Chief complaint
- Obvious Trauma
- Body Position
- SICK
- NOT SICK

**PLAN (TREATMENT)**

- Directs assistant to place/maintain head in the neutral, in-line position
- Directs assistant to maintain manual stabilization of the head
- Assesses motor, sensory, and circulatory functions in each extremity
- Applies appropriately sized cervical collar
- Positions the immobilization device appropriately
- Directs movement of the patient onto immobilization device without compromising the integrity of the spine
- Applies padding to voids between the torso and the device as necessary
- Immobilizes the patient’s torso to the immobilization device
- Evaluates and pads behind the patient’s head as necessary
- Immobilizes the patient’s head to the immobilization device
- Secures the patient’s legs to the immobilization device
- Secures the patient’s arms to the immobilization device or body
- Reassesses motor, sensory, and circulatory functions in each extremity

**CRITICAL FAIL**

- Failure to take or verbalize appropriate standard precautions
- Failure to direct assistant to place/maintain head in the neutral, in-line position
- Failure to direct assistant to maintain manual stabilization of the head
- Failure to initially assess motor, sensory, and circulatory functions in each extremity
- Failure to apply appropriately sized cervical collar before ordering release of manual stabilization
- Manipulate/moved or allowed the patient to move excessively, causing compromise of the spine
- Head immobilized to the device before the torso was sufficiently secured to the immobilization device
- Failure to immobilize the patient’s torso to the immobilization device
- Failure to immobilize the patient’s head to the immobilization device
- Failure to secure the patient’s legs to the immobilization device
- Failure to reassess motor, sensory, and circulatory function

**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

EVALUATOR SIGN YOUR NAME

ID

IF NO EXPLAIN

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Medications taken by patient at home

Allergies

Chief Complaint

Narrative
Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in BLS-2016-Abdominal Pain and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)
- BSI
- Scene Safety
- Determines NOI/MOI
- Number of Patients
- Additional Resources

### INITIAL ASSESSMENT (must verbalize)
- Mental Status
- Airway
- Breathing
- Circulation
- Body Position
- SICK
- 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 medical / trauma exam – considers possible ectopic pregnancy (age-appropriate female)
- Performs a proper abdominal exam (supine, legs flexed)
- 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)
  - Reports “At Patient’s Side”
  - Indications need for ALS and/or immediate transport (SICK)
  - Performs postural vital signs exam – (if indicated) documents data
  - Administers appropriate rate and delivery of oxygen (as indicated)
  - Properly positions patient

- CRITICAL (FAIL) CRITERIA
  - DID NOT...
    - Take/verbalize BSI
    - Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
    - Administer appropriate rate and delivery of 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

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Medications taken by patient at home

Allergies

Chief Complaint

Narrative

© 2016 Seattle / King County EMS
**Objective:** Given a partner, appropriate equipment and a patient with a burn injury, demonstrate appropriate assessment and treatment as outlined in BLS-2016-Burns 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)

- [ ] Mental Status
- [ ] Chief complaint
- [ ] Airway
- [ ] C-spine
- [ ] Breathing
- [ ] Circulation
- [ ] Obvious Trauma
- [ ] SICK
- [ ] 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 mechanism of injury (MOI) as soon as possible – and acts accordingly
- [ ] Obtains names/dosages of current medications (maintains high IOS for pt. on anticoagulants)

### Objective (Physical Exam)

- [ ] Records and documents baseline vital signs - listens to lung sounds and compares sides
- [ ] Performs appropriate trauma exam — exposes/checks for bleeding/injuries (documents CMS distal to injury)
- [ ] 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)

- [ ] Reports “At Patient's Side”
- [ ] Indicates need for ALS and/or immediate transport (SICK)
- [ ] Administers appropriate rate and delivery of oxygen (as indicated)
- [ ] Properly positions patient
- [ ] Considers the use of tourniquet (as an alternate method for bleeding control)

**Critical (Fail) Criteria**

**DID NOT...**

- [ ] Take/verbalize BSI
- [ ] Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- [ ] Administer appropriate rate and delivery of 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

**Evaluator Sign Your Name**

**Written Score** ___________

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Medications taken by patient at home

Allergies

Chief Complaint

Narrative
Objective: Given a partner, appropriate equipment and a patient with altered mental status, demonstrate appropriate assessment and treatment as outlined in BLS-2016-Glasgow Coma Scale (GCS) and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)

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

### INITIAL ASSESSMENT (must verbalize)

- Mental Status
- Chief complaint
- Airway
- C-spine
- Breathing
- Circulation
- Body Position
- SICK
- 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 signs or symptoms (On scene time **<15mins for Stroke** patients)
- Obtains names/dosages of current medications

### OBJECTIVE (PHYSICAL EXAM)

- Records and documents baseline vital signs (looks for Medical Alert bracelets, anklets, necklaces)
- Performs appropriate medical/trauma exam — exposes/checks for bleeding and/or injuries
- Checks for neurologic deficits using GCS (Demonstrates use of noxious stimulus in unresponsive pt.)
- Applies GCS score based on assessment Eye Response, Best Verbal Response, Best Motor Response

### ASSESSMENT (IMPRESSION)

- Demonstrates use of the “FAST” Exam for potential stroke patients
- Determines if ALS is needed — states rationale ________________

### PLAN (TREATMENT)

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

- Reports “At Patient’s Side”
- Indicates need for ALS and/or immediate transport (SICK)
- Administers appropriate rate and delivery of oxygen (as indicated)
- Properly positions patient
- Monitors patient’s vital signs
- Considers IOS

**CRITICAL (FAIL) CRITERIA DID NOT…**

- Take/verbalize BSI
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Indicate need for ALS and/or immediate transport (SICK)
- Properly perform & document GCS assessment

**COMMUNICATION AND DOCUMENTATION**

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

**MEETS STANDARDS (RECERT)**

- **YES**
- **NO**

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<th>Meds</th>
<th>(Pulse Oximetry- SpO2)</th>
<th>(Glucometry)</th>
</tr>
</thead>
</table>

Medications taken by patient at home

Allergies

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Chief Complaint

**Narrative**

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Objective: Given dispatch and scene information and/or a visual picture, EMS providers will discuss and demonstrate appropriate assessment, treatment and interaction in at least three SICK/NOT SICK scenarios for Adult and/or Pediatric patients. They will apply the guidelines outlined in BLS-2016-SICK/NOT SICK and EMT Patient Care Protocols or other appropriate guidelines as determined by local Medical Control.

Roundtable Exercise

☐ This exercise for CBT/OTEP 165 SICK/NOT SICK course was completed in a roundtable discussion panel format.

The above individual met standards regarding specific knowledge of:
☐ 6 elements of the “clinical picture” and:
   - Nature of illness (NOI) - medical
   - Mechanism of injury (MOI) - trauma

The above individual:
☐ Formulated three probable scenarios based on dispatch and discussed with partner(s) (en route to scene)
   ** Developed a treatment plan for each of the “probable scenarios”
☐ Assessed whether patient was SICK or NOT SICK within 1 minute
☐ Contacted ALS if needed - stating rationale ______________________________
☐ Continued to evaluate patient and changed patient’s category as appropriate

This exercise was a practical application of SICK/NOT SICK for:

ADULT:
☐ Medical patient(s)
☐ Trauma patient(s)

PEDIATRIC:
☐ Medical patient(s)
☐ Trauma patient(s)

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

COMMUNICATION AND DOCUMENTATION MEETS STANDARDS RECERT
☐ Delivers timely and effective short report (if indicated) ☐ YES ☐ NO
☐ 2nd ATTEMPT ☐ YES ☐ NO

EVALUATOR SIGNATURE IF NO EXPLAIN