

## Kentucky Board of Emergency Medical Services

### Emergency Medical Technician Certification Skills Examination - Station #2

#### Patient Assessment/Management - Medical

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

								Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions								1	
<b>SCENE SIZE-UP</b>									
Determines the scene is safe								1	
Determines the mechanism of injury/nature of illness								1	
Determines the number of patients								1	
Requests additional help if necessary								1	
Considers stabilization of spine								1	
<b>INITIAL ASSESSMENT</b>									
Verbalizes general impression of the patient								1	
Determines responsiveness/level of consciousness								1	
Determines chief complaint/apparent life threats								1	
Assesses airway and breathing		Assessment						1	
		Indicates appropriate oxygen therapy						1	
		Assures adequate ventilation						1	
Assesses circulation		Assesses/controls major bleeding						1	
		Assesses pulse						1	
		Assesses skin (color, temperature and condition)						1	
Identifies priority patients/makes transport decisions								1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>									
Signs and symptoms (Assess history of present illness)								1	
<b>Respiratory</b>	<b>Cardiac</b>	<b>Altered Mental Status</b>	<b>Allergic Reaction</b>	<b>Poisoning/Overdose</b>	<b>Environmental Emergency</b>	<b>Obstetrics</b>	<b>Behavioral</b>		
*Onset?	*Onset?	*Description of the episode.	*History of allergies?	*Substance?	*Source?	*Are you pregnant?	*How do you feel?		
*Provokes?	*Provokes?	*Onset?	*What were you exposed to?	When did you ingest/become exposed?	*Environment?	*How long have you been pregnant?	*Determine suicidal tendencies.		
*Quality?	*Quality?	*Duration?	*How were you exposed?	*How much did you ingest?	*Duration?	*Pain or contractions?	*Is the patient a threat to self or others?		
*Radiates?	*Radiates?	*Associated Symptoms?	*Effects?	*Over what time period?	*Loss of consciousness?	*Bleeding or discharge?	Is there a medical problem?		
*Severity?	*Severity?	*Evidence of Trauma?	*Progression?	*Interventions?	*Effects-general or local?	*Do you feel the need to push?	Interventions?		
*Time?	*Time?	*Interventions?	*Interventions?	*Estimated weight?		*Last menstrual period?			
*Interventions?	*Interventions?	*Seizures?	*Interventions?						
		*Fever?							
Allergies								1	
Medications								1	
Past pertinent history								1	
Last oral intake								1	
Event leading to present illness (rule out trauma)								1	
Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)								1	
Vitals (obtains baseline vital signs)								1	
Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)								1	
Transport (re-evaluates the transport decision)								1	
Verbalizes the consideration for completing a detailed physical examination								1	
<b>ONGOING ASSESSMENT (verbalized)</b>									
Repeats initial assessment								1	
Repeats vital signs								1	
Repeats focused assessment regarding patient complaint or injuries								1	
<b>Critical Criteria</b>								<b>Total:</b>	<b>30</b>

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions when necessary
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not obtain medical direction or verbalize standing orders for medical interventions
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did detailed or focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not ask questions about the present illness
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention