

**Indiana EMT-Basic Advanced Practical Skills Examination**  
**Cardiac Management Station**

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

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

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

Scenario Number \_\_\_\_\_

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

	Points Possible	Points Awarded
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Checks level of responsiveness	1	
Checks ABC's (skill examiner states "no pulse, no respirations")	1	
Initiates CPR if appropriate (verbally)	1	
Performs "Quick Look" with paddles or applies pads	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and if appropriate BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	1	
Order high flow oxygen at proper times	1	
<b>Total:</b>	<b>20</b>	

**Critical Criteria**

- \_\_\_\_\_ Failure to verify rhythm before delivering each shock
- \_\_\_\_\_ Failure to ensure the safety of self and others (verbalizes AND observes ALL CLEAR)
- \_\_\_\_\_ Inability to deliver DC shock (does not use machine properly)
- \_\_\_\_\_ Failure to deliver appropriate defibrillation(s) as indicated by rhythm, in a timely manner
- \_\_\_\_\_ Failure to order initiation or resumption of CPR when appropriate
- \_\_\_\_\_ Failure to order correct management of airway
- \_\_\_\_\_ Failure to order high flow oxygen at proper time
- \_\_\_\_\_ Failure to correctly diagnose or adequately treat v-fib, v-tach or asystole/PEA

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana EMT-Basic Advanced Practical Skills Examination**  
**Intravenous Therapy**

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

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

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

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

	Points Possible	Points Awarded
Checks selected IV fluid for - Proper fluid (1 point) - - Expiration Date (1 point) - Clarity (1 point)	1 1 1	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
Demonstrates / Verbalizes initial or continued consideration of BSI precautions	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Uses aseptic technique to prep IV site (prior to venipuncture)	1	
Performs venipuncture -Inserts stylette ( 1 point) -Notes or verbalizes flashback (1point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV Tubing to catheter (1 point)	1 1 1 1 1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter (tapes securely or verbalizes)	1	
Adjusts flow rate as appropriate	1	
Disposes / verbalizes disposal of needle in proper container	1	
<b>Total:</b>	<b>22</b>	

**Critical Criteria**

- \_\_\_\_\_ Exceeded the 6 minute limit in establishing a patent and properly adjusted IV
- \_\_\_\_\_ Failure to use aseptic technique prior to and during venipuncture, contaminates equipment or site without correction
- \_\_\_\_\_ Any improper technique resulting in the potential for catheter shear or air embolism
- \_\_\_\_\_ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- \_\_\_\_\_ Failure to dispose of needle in proper container

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

# Indiana EMT-Basic Advanced Practical Skills Examination

## Patient Assessment/Management - Medical

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

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

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

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

Scenario Number: \_\_\_\_\_

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	1 1 1																																																																
Assesses circulation	1 1 1 1																																																																
Identifies priority patients/makes transport decision	1																																																																
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>																																																																	
Signs and symptoms (Candidates asked _____ pertinent questions about patients chief complaint, see evaluators instructions)	1																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;"><input type="checkbox"/> Respiratory</th> <th style="width: 12.5%;"><input type="checkbox"/> Cardiac</th> <th style="width: 12.5%;"><input type="checkbox"/> Altered Mental Status</th> <th style="width: 12.5%;"><input type="checkbox"/> Allergic Reaction</th> <th style="width: 12.5%;"><input type="checkbox"/> Poisoning/Overdose</th> <th style="width: 12.5%;"><input type="checkbox"/> Environmental Emergency</th> <th style="width: 12.5%;"><input type="checkbox"/> Obstetrics</th> </tr> </thead> <tbody> <tr> <td>*Onset?</td> <td>*Onset?</td> <td>*Description of episode.</td> <td>*History of allergies?</td> <td>*Substance?</td> <td>*Source?</td> <td>*Are you pregnant?</td> </tr> <tr> <td>*Provokes?</td> <td>*Provokes?</td> <td>*Onset?</td> <td>*What were you exposed to?</td> <td>*When did you ingest/ become exposed?</td> <td>*Environment?</td> <td>*How long have you been pregnant?</td> </tr> <tr> <td>*Quality?</td> <td>*Quality?</td> <td>*Duration?</td> <td>*How were you exposed?</td> <td>*How much did you ingest?</td> <td>*Duration?</td> <td>*Pain or contractions?</td> </tr> <tr> <td>*Radiates?</td> <td>*Radiates?</td> <td>*Associated Symptoms?</td> <td>*Effects?</td> <td>*Over what time period?</td> <td>*Loss of consciousness?</td> <td>*Bleeding or discharge?</td> </tr> <tr> <td>*Severity?</td> <td>*Severity?</td> <td>*Evidence of Trauma?</td> <td>*Progression?</td> <td>*Interventions?</td> <td>*Effects - general or local?</td> <td>*Do you feel the need to push?</td> </tr> <tr> <td>*Time?</td> <td>*Time?</td> <td>*Interventions?</td> <td>*Interventions?</td> <td>*Estimated weight?</td> <td></td> <td>*Last menstrual period?</td> </tr> <tr> <td>*Interventions?</td> <td>*Interventions?</td> <td>*Seizures?</td> <td></td> <td>*Effects?</td> <td></td> <td>*Crowning?</td> </tr> <tr> <td></td> <td></td> <td>*Fever?</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics	*Onset?	*Onset?	*Description of episode.	*History of allergies?	*Substance?	*Source?	*Are you pregnant?	*Provokes?	*Provokes?	*Onset?	*What were you exposed to?	*When did you ingest/ become exposed?	*Environment?	*How long have you been pregnant?	*Quality?	*Quality?	*Duration?	*How were you exposed?	*How much did you ingest?	*Duration?	*Pain or contractions?	*Radiates?	*Radiates?	*Associated Symptoms?	*Effects?	*Over what time period?	*Loss of consciousness?	*Bleeding or discharge?	*Severity?	*Severity?	*Evidence of Trauma?	*Progression?	*Interventions?	*Effects - general or local?	*Do you feel the need to push?	*Time?	*Time?	*Interventions?	*Interventions?	*Estimated weight?		*Last menstrual period?	*Interventions?	*Interventions?	*Seizures?		*Effects?		*Crowning?			*Fever?						
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics																																																											
*Onset?	*Onset?	*Description of episode.	*History of allergies?	*Substance?	*Source?	*Are you pregnant?																																																											
*Provokes?	*Provokes?	*Onset?	*What were you exposed to?	*When did you ingest/ become exposed?	*Environment?	*How long have you been pregnant?																																																											
*Quality?	*Quality?	*Duration?	*How were you exposed?	*How much did you ingest?	*Duration?	*Pain or contractions?																																																											
*Radiates?	*Radiates?	*Associated Symptoms?	*Effects?	*Over what time period?	*Loss of consciousness?	*Bleeding or discharge?																																																											
*Severity?	*Severity?	*Evidence of Trauma?	*Progression?	*Interventions?	*Effects - general or local?	*Do you feel the need to push?																																																											
*Time?	*Time?	*Interventions?	*Interventions?	*Estimated weight?		*Last menstrual period?																																																											
*Interventions?	*Interventions?	*Seizures?		*Effects?		*Crowning?																																																											
		*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>31</b>																																																															

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions when necessary
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ If scenario indicated need, did not obtain / follow medical direction or verbalize standing orders / protocols for medical interventions (s)
- \_\_\_\_\_ Did not provide high flow oxygen with appropriate mask
- \_\_\_\_\_ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not ask any questions about the present illness
- \_\_\_\_\_ Delayed transport to initiate IV
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

05/2008

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

# Indiana EMT-Basic Advanced Practical Skills Examination

## Patient Assessment/Management - Trauma

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

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

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

Scenario Number: \_\_\_\_\_

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		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	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses AND controls major bleeding—1	1	
	Assesses pulse –1	1	
	Assesses skin color, temperature and condition -1	1	
	Assesses need for or no need for IV initiation –1	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment ( <i>focused or rapid assessment</i> )		1	
Obtains, or directs assistance to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately <b>1 point for appropriate management of the secondary injury/wound</b>		1	
Verbalizes re-assessment of the vital signs		1	
<b>Critical Criteria</b>		<b>Total:</b>	<b>41</b>

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not initially consider and / or provide stabilization of spine
- \_\_\_\_\_ Did not provide high flow oxygen with appropriate mask
- \_\_\_\_\_ Did not find, or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Delayed transport to initiate IV
- \_\_\_\_\_ Did not transport patient within (10) minute time limit
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

05/2008

**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

**Indiana Emergency Medical Services Commission  
EMT-Basic Advanced Practical Examination Report Form**

**Please Print Clearly!**

Course Number: _____
----------------------

Name \_\_\_\_\_  
Last Name First Name MI Driver's License or State I.D. #

Address \_\_\_\_\_  
Street City State Zip Code

e-mail \_\_\_\_\_

Training Institution \_\_\_\_\_

Exam Site \_\_\_\_\_ Date \_\_\_\_\_

Attempt: _____	Attempt: _____
----------------	----------------

Station # 1	Patient Assessment / Management – Trauma	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 2	Patient Assessment / Management – Medical	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 3	Cardiac Arrest Management	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station # 4	Intravenous Therapy	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Candidates failing two (2) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing three (3) or more stations, constitutes a complete failure of the practical examination attempt. A complete failure of the practical examination attempt will require the candidate to document remedial training over all skills before reattempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examination attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process.

**NOTE:** You have one (1) year to successfully complete all phases of the certification examination process from your initial recertification testing attempt or EMT-BA course completion date. If incomplete or unsuccessful, you must complete a new EMT-BA training program to be eligible for future testing for certification. Official test results may take up to six (6) weeks.

**By my signature below, I acknowledge that I have read, understand, and agree to the Indiana EMT-BA Pass/Fail testing criteria listed above.**

EMT-BA Candidate: \_\_\_\_\_  
 (Legal Signature)

Representative Comments:

Representative Signature: \_\_\_\_\_