

## State of Indiana EMT Psychomotor Skills Examination

### Patient Assessment/Management - Trauma

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

	Possible Points	Points Awarded
<b>Actual Time Started</b>		
Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury	1	
Determines the number of patients	1	
Request additional help, if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION (Initial Assessment)</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Airway	Opens and assesses the airway	1
	Inserts an adjunct as indicated	1
Breathing	Assesses breathing	1
	Assures adequate ventilation	1
	Initiates adequate oxygen therapy	1
	Manages any injury which may compromise breathing/ventilation	1
Circulation	Checks for pulse	1
	Assesses skin (color, temperature, & condition)	1
	Assess for and controls major bleeding, if present	1
	Evaluates for and initiates shock management, if applicable (includes patient positioning, oxygen, and body heat conservation)	1
Identifies patient priority and makes treatment/transport decision	1	
<b>History Gathering</b>		
Selects appropriate assessment (focused or rapid assessment)	1	
Attempts to obtain a SAMPLE history	1	
<b>SECONDARY ASSESSMENT (Detailed Exam) *Credit should be given to candidates that use a brief exam for life-threatening injuries in the Primary Survey so long as it does not delay appropriate care.</b>		
Head	Inspects mouth, nose, and assesses facial area	1
	Inspects and palpates scalp and ears	1
	Assesses eyes	1
Neck	Checks position of trachea	1
	Checks jugular veins	1
	Palpates cervical spine	1
Chest	Inspects chest	1
	Palpates chest	1
	Auscultates chest	1
Abdomen/pelvis	Inspects and palpates abdomen	1
	Assesses pelvis	1
	Verbalizes assessment of genitalia/perineum, as needed	1
Lower Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each leg)	2
Upper Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each arm)	2
Posterior	Inspects & palpates posterior thorax	1
	Inspects & palpates lumbar and buttocks regions	1
<b>Vital Signs</b>		
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)	1	
Manages Secondary injuries and wounds appropriately	1	
<b>Reassessment</b>		
Verbalizes/demonstrates how and when to reassess the patient	1	
<b>TOTAL</b>	<b>43</b>	

**Actual Time Ended:** \_\_\_\_\_

**\*\* Examiner must list times above and then sign on reverse after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions.
- \_\_\_\_\_ Failure to determine scene safety before approaching patient.
- \_\_\_\_\_ Failure to initially consider and/or provide for stabilization of the spine when indicated.
- \_\_\_\_\_ Failure to assess/provide adequate ventilations.
- \_\_\_\_\_ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates.
- \_\_\_\_\_ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- \_\_\_\_\_ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.
- \_\_\_\_\_ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.
- \_\_\_\_\_ Requests, uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Failure to initiate or call for transport of the patient within the 10 minute time limit.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical items on this form in the space on the reverse side, being specific as to what occurred or did not occur versus repeating the statement from above.**

***Critical Criteria Explanation:***

OR

**There were NO observed Critical Criteria per my evaluation.**

\_\_\_\_\_  
Signature of the Examiner

***Notes or Clarifications:***

## State of Indiana EMT Psychomotor Skills Examination

### Spinal Immobilization (Supine Patient)

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

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

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position		1	
Assesses motor, sensory, and circulatory function in each extremity		1	
Appropriately sizes and correctly applies extrication collar		1	
Directs/supervises assistants to assist with moving the patient onto the device in a manner that prevents compromising the integrity of the spine		1	
Evaluates and VERBALIZES need for padding of voids, and pads as necessary		1	
Immobilizes the patient's torso (chest AND hip straps) to the device		1	
Evaluates and VERBALIZES need for padding behind the head, and pads as needed		1	
Immobilizes the patient's head to the device		1	
Secures the patient's legs to the device		1	
Secures the patient's arms to the device		1	
Reassesses motor, sensory, and circulatory function in each extremity		1	
<b>TOTAL</b>		<b>12</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Did not immediately direct, take, or maintain manual immobilization of the head.
- \_\_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically.
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- \_\_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise.
- \_\_\_\_\_ Upon completion of immobilization, device allows for excessive patient movement.
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso.
- \_\_\_\_\_ Head immobilization allows for excessive movement.
- \_\_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the long board device.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

<b>You must factually document your rationale for checking any of the above critical criteria below.</b>
<b>Critical Criteria Explanation:</b>

or

**There were NO observed Critical Criteria per my evaluation.**

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Spinal Immobilization (Seated Patient)

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

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

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position		1	
Assesses motor, sensory, and circulatory function in each extremity		1	
Appropriately sizes and correctly applies extrication collar		1	
Positions the immobilization device behind the patient		1	
Secures the device to the patient's torso (ALL Straps)		1	
Evaluates torso fixation and adjust as necessary		1	
Evaluates and VERBALIZES need for padding, and pads as necessary		1	
Secures the patient's head to the device		1	
Reassesses motor, sensory, and circulatory function in each extremity		1	
Verbalizes moving the patient to a long backboard		1	
<b>TOTAL</b>		<b>11</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Did not immediately direct, take, or maintain manual immobilization of the head.
- \_\_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically.
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- \_\_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise.
- \_\_\_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise.
- \_\_\_\_\_ Upon completion of immobilization, device allows for excessive patient movement.
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso.
- \_\_\_\_\_ Head immobilization allows for excessive movement.
- \_\_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the short board device.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical criteria below.**

**Critical Criteria Explanation:**

OR

**There were NO observed Critical Criteria per my evaluation.**

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## BLS Airway Management

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Checks Responsiveness	1	
Checks Breathing	1	
Checks for pulse for at least 5 but no more than 10 seconds	1	
<b>NOTE: Examiner must now inform the candidate: "You palpate a weak carotid pulse of 60."</b>		
Candidate opens the airway manually	1	
<b>NOTE: Examiner must now inform the candidate: "The mouth is full of secretions and vomitus."</b>		
Candidate turns on/prepares the suction device	1	
Candidate assures presence of mechanical suction	1	
Candidate attaches and inserts rigid suction catheter without applying suction	1	
Candidate suctions the mouth and oropharynx	1	
<b>NOTE: Examiner must now inform the candidate: "The mouth and oropharynx are now clear."</b>		
Candidate re-opens the airway manually	1	
Candidate measures airway and selects an appropriately sized OP airway	1	
Candidate inserts OP airway without pushing the tongue to the posterior	1	
<b>NOTE: Examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct. without difficulty."</b>		
Ventilates the patient immediately (within 30 seconds) with a BVM device.	1	
Candidate attaches the BVM assembly to high flow oxygen (15 liters per minute)	1	
<b>NOTE: Examiner must now inform the candidate that ventilation is being performed without difficulty. and that a non-visualized airway should be inserted.</b>		
Directs assistant to pre-oxygenate patient at a rate of 10-20 per minute	1	
Checks/prepares airway device	1	
Lubricates distal tip of the device	1	
Positions the head properly	1	
Performs a tongue-jaw lift	1	
Inserts device in accordance with manufacturer's instructions	1	
Adequately inflates cuff(s), removes syringe(s)	1	
Attaches/directs attachment of BVM to the device and ventilates	1	
Confirms placement and ventilation by observing chest rise, breath sounds, and listening over the epigastrium.	1	
Ventilates the patient with adequate volume to produce chest rise	1	
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)	1	
<b>Note: Candidate must correct/adjust the device as needed to assure adequate rise/fall of the chest and not gastric ventilations.</b>		
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)	1	
<b>TOTAL</b>	<b>26</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign on reverse after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.
- \_\_\_\_\_ Failure to suction **before** ventilating the patient.
- \_\_\_\_\_ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).
- \_\_\_\_\_ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to the patient.
- \_\_\_\_\_ Failure to voice and ultimately provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.
- \_\_\_\_\_ Failure to insert the non-visualized airway device properly within 3 attempts.
- \_\_\_\_\_ Failure to inflate cuff(s) properly, **MUST** remove syringes for cuff(s) to remain inflated.
- \_\_\_\_\_ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)
- \_\_\_\_\_ Failure to confirm that the patient is being ventilated by observing chest rise, auscultation over the epigastrium , and bilaterally over each lung.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.**

***Critical Criteria Explanation:***

OR

There were **NO** observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

***Notes or Clarifications:***

## State of Indiana EMT Psychomotor Skills Examination

### Cardiac Arrest Management/AED

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature \_\_\_\_\_

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Determines the scene/situation is safe		1	
Attempts to question bystanders about arrest events		1	
Directs rescuer to stop CPR/checks patient for responsiveness		1	
<b>NOTE: The examiner must now inform the candidate: "The patient is unresponsive."</b>			
Assesses patient for spontaneous signs of breathing		1	
<b>NOTE: The examiner must now inform the candidate: "The patient is apneic."</b>			
Checks carotid pulse (no more than 10 seconds)		1	
<b>NOTE: The examiner must now inform the candidate: "The patient is pulseless."</b>			
Immediately begins chest compressions ** Adequate depth and rate must be performed with chest recoil		1	
<b>Candidate performs or directs 2 minutes of high quality, 2-rescuer CPR</b>			
Adequate depth and rate observed		1	
Correct compression to ventilation ratio observed		1	
Candidate allows the chest to recoil completely		1	
Directs or controls adequate volumes delivered for each breath with OPA/NPA and BVM Device		1	
Minimal interruptions of less than 10 seconds throughout		1	
<b>NOTE: After 2 minutes (5 cycles), patient is assessed and remains apneic.</b>			
Candidate turns power on AED		1	
Candidate follows prompts and correctly attaches AED pads to patient		1	
Directs CPR to stop and ensures all individuals are clear for rhythm analysis		1	
Ensures all individuals are clear of the patient and delivers AED shock.		1	
Immediately directs rescuer to resume chest compressions		1	
Minimal interruptions of less than 10 seconds throughout		1	
<b>Transition</b>			
During scenario, verbalizes or directs insertion of airway adjunct (OP or NP)		1	
Assures high flow/concentration of oxygen is delivered to the patient.		1	
Confirms effectiveness of CPR compressions.		1	
Re-evaluates the patient.		1	
Repeats defibrillator sequence.		1	
Immediately directs rescuer to resume chest compressions		1	
Verbalizes technique for transport of patient.		1	
<b>TOTAL</b>		<b>25</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign on reverse after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Did not confirm patient to be PULSELESS and APNEIC.
- \_\_\_\_\_ Failure to initiate or resume CPR at appropriate periods
- \_\_\_\_\_ Interrupts CPR for more than 10 seconds at any point .
- \_\_\_\_\_ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.
- \_\_\_\_\_ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).
- \_\_\_\_\_ Failure to attach AED pads correctly on the patient.
- \_\_\_\_\_ Failure to provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."
- \_\_\_\_\_ Requests, uses or orders a dangerous or inappropriate intervention
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

# State of Indiana EMT Psychomotor Skills Examination

## Patient Assessment/Management - Medical

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

	Possible Points	Points Awarded
<b>Actual Time Started</b>		
Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Request additional help, if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life threats	1	
Airway	Opens and assesses the airway	1
	Inserts an adjunct as indicated	1
Breathing	Assesses breathing	1
	Assures adequate ventilation	1
	Initiates adequate oxygen therapy	1
Circulation	Checks for pulse	1
	Assesses skin (color, temperature, & condition)	1
	Assess for and controls major bleeding and/or shock, if present	1
Identifies patient priority and makes treatment/transport decision	1	
<b>History Taking</b>		
<b>History of present illness</b>		
Candidate should ask pertinent signs & symptoms questions related to illness (such as OPQRST)	No questions about present illness asked	Critical Fail/ 0 points
	One question about present illness asked	Award 1 point
	Two questions about present illness asked	Award 2 points
	Three questions about present illness asked	Award 3 points
	Four or more questions about present illness asked	Award 4 points
	Examiner should award 0-4 points	4
<b>Past Medical History</b>		
Allergy questions asked	1	
Medication questions asked	1	
Past pertinent medical history questions asked	1	
Last oral intake questions asked	1	
Events leading to present illness questions asked	1	
<b>Secondary Assessment</b>		
Assesses appropriate body part/systems related to the present illness **Could include: cardiovascular, pulmonary, neurological, musculoskeletal, skin, GI/GU, reproductive, and psychological/social	1	
<b>Vital Signs / Application of assessment</b>		
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)	1	
States field impression of patient	1	
Interventions: Verbalizes proper interventions/treatment	1	
Candidate demonstrates ability to give adequate verbal report to receiving facility or ALS unit (may be hospital report or report to get orders for treatment)	1	
<b>Reassessment</b>		
Verbalizes/demonstrates how and when to reassess the patient	1	
<b>TOTAL</b>	<b>33</b>	

**Actual Time Ended:** \_\_\_\_\_

**\*\* Examiner must list times above and then sign on reverse after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions.
- \_\_\_\_\_ Failure to determine scene safety before approaching patient.
- \_\_\_\_\_ Failure to initially consider and/or provide for stabilization of the spine when indicated.
- \_\_\_\_\_ Failure to assess/provide adequate ventilations
- \_\_\_\_\_ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates.
- \_\_\_\_\_ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
- \_\_\_\_\_ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.
- \_\_\_\_\_ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.
- \_\_\_\_\_ Requests, uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Failure to initiate or call for transport of the patient within the 10 minute time limit.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical items on this form in the space on the reverse side, being specific as to what occurred or did not occur versus repeating the statement from above.**

***Critical Criteria Explanation:***

OR

**There were NO observed Critical Criteria per my evaluation.**

\_\_\_\_\_  
Signature of the Examiner

***Notes or Clarifications:***

## State of Indiana EMT Psychomotor Skills Examination

### Mouth to Mask with Supplemental Oxygen

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

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

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Connects the one way valve to the mask		1	
Opens the patient's airway or confirms the patient's airway is open (may be done manually or with an adjunct)		1	
Establishes and maintains a proper mask to face seal		1	
Ventilates the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)		1	
Connects the mask to a high concentration of oxygen		1	
Adjusts the oxygen flow rate to at least fifteen (15) liters/minute		1	
Continues ventilations of the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)		1	
<b>NOTE: Examiner must witness ventilations for at least 30 seconds.</b>			
TOTAL		8	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Failure to correctly connect the one-way valve to the mask.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate to at least 15 liters/minute.
- \_\_\_\_\_ Failure to produce visible chest rise and fall with ventilations  
(more than 2 inadequate ventilations per minute observed)
- \_\_\_\_\_ Failure to ventilate the patient at a rate of 10-12 breaths per minute.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.**

**Critical Criteria Explanation:**

  
  
  
  
  
  
  
  
  
  

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## Long Bone Immobilization

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Candidate directs application of manual stabilization of the injury		1	
Assesses motor, sensory, & circulatory function in the injured extremity.		1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal."</b>			
Measures the splint.		1	
Applies the splint		1	
Immobilizes the joint above the injury site		1	
Immobilizes the joint below the injury site		1	
Secures the entire injured extremity		1	
Immobilizes the affected hand/foot in the position of function		1	
Reassesses motor, sensory & circulatory function in the injured extremity		1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal."</b>			
TOTAL		10	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Grossly moves the injured extremity.
- \_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site.
- \_\_\_\_\_ Did not immobilize the affected hand or foot in a position of function.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the injured extremity **BOTH BEFORE AND AFTER** splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.
<b>Critical Criteria Explanation:</b>

or

There were **NO** observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## Joint Immobilization

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature \_\_\_\_\_

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Candidate directs application of manual stabilization of the injured joint		1	
Assesses motor, sensory, & circulatory function in the injured extremity.		1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal."</b>			
Selects the proper splinting material		1	
Immobilizes the site of the injury		1	
Immobilizes the bone above the injury site		1	
Immobilizes the bone below the injury site		1	
Secures the entire injured extremity		1	
Reassesses motor, sensory & circulatory function in the injured extremity		1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal."</b>			
	TOTAL	9	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Grossly moves the injured joint or affected extremity.
- \_\_\_\_\_ Did not immobilize the bone above and the bone below the injury site.
- \_\_\_\_\_ Did not support the joint so that the joint did not bear distal weight.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the affected extremity **BOTH BEFORE AND AFTER** splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical criteria below.**

**Critical Criteria Explanation:**

or

**There were NO observed Critical Criteria per my evaluation.**

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Bleeding Control/Shock Management

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature \_\_\_\_\_

Actual Time Started		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Candidate applies direct pressure to the wound		1	
Candidate elevates the extremity		1	
<b>NOTE: The examiner must now inform the candidate that the wound continues to heavily bleed.</b>			
Candidate applies tourniquet in an appropriate manner and location		1	
<b>NOTE: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.</b>			
Candidate properly positions the patient		1	
Candidate administers high concentration of oxygen		1	
Candidate initiates steps to prevent heat loss from the patient		1	
Candidate indicates need for immediate transport		1	
<b>TOTAL</b>		<b>8</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Did not apply high flow oxygen with an appropriate mask.
- \_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control.
- \_\_\_\_\_ Did not control hemorrhage using correct procedures in a timely manner.
- \_\_\_\_\_ Did not indicate the need for immediate transport.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical criteria below.**

**Critical Criteria Explanation:**

or

There were **NO** observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## Traction Splinting

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

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

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate directs application of manual stabilization of the injured leg	1	
Assesses motor, sensory, & circulatory function in the injured extremity	1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal."</b>		
Applies the distal securing device (e.g. ankle hitch)	1	
Directs application of manual traction ***see note below	1	
Prepares/adjusts splint to the proper length by measuring with UNINJURED leg	1	
Positions the splint appropriately to the injured leg	1	
Applies the proximal securing device (e.g. ischial strap)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal / distal securing devices	1	
Reassesses motor, sensory & circulatory function in the injured extremity	1	
<b>NOTE: The examiner acknowledges "motor, sensory, &amp; circulatory function are present and normal" and asks the candidate how he/she would prepare the patient for transport.</b>		
Verbalizes correctly securing the patient and splint to a long backboard	1	
<b>TOTAL</b>	<b>13</b>	

Actual Time Ended: \_\_\_\_\_

\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\*

**Critical Criteria:**

- \_\_\_\_\_ Did not secure the ischial strap before taking traction.
- \_\_\_\_\_ Secured the leg to the splint before applying mechanical traction.
- \_\_\_\_\_ Loss of traction at any point after it was applied.
- \_\_\_\_\_ The foot was excessively rotated or extended after the splint was applied.
- \_\_\_\_\_ Final immobilization failed to support the femur or prevent rotation of injured leg.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the injured extremity BOTH BEFORE AND AFTER splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

\*\*\* Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction has been applied. If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

**You must factually document your rationale for checking any of the above critical criteria below or on the reverse side.**

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## Oxygen Administration

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Cracks the oxygen tank valve before attaching the regulator	1	
Attaches the regulator to the oxygen tank	1	
Opens the oxygen tank valve with the regulator attached	1	
Checks oxygen regulator and tank for leaks	1	
Checks and verbalizes the oxygen tank pressure	1	
Attaches non-breather mask to oxygen	1	
Prefills the oxygen reservoir mask with oxygen	1	
Adjusts the regulator to assure oxygen flow rate of fifteen (15) liters per minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
<b>NOTE: Examiner must now inform the candidate that the patient is not tolerating the non-rebreather mask and that a nasal cannula should be applied to the patient.</b>		
Removes non-rebreather mask and then attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient properly	1	
<b>NOTE: Examiner must now instruct the candidate to discontinue oxygen therapy.</b>		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
<b>TOTAL</b>	<b>16</b>	

Actual Time Ended: \_\_\_\_\_

**\*\* Examiner must list times above and then sign below after reviewing Critical Criteria\*\***

**Critical Criteria:**

- \_\_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks.
- \_\_\_\_\_ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less.
- \_\_\_\_\_ Failure to attach either mask in a manner that does not produce proper oxygen delivery.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

**You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.**

**Critical Criteria Explanation:**

  
  
  

or

There were **NO** observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner