

Indiana First Responder Practical Examination Report Form

Course Number: _____

Course Completion Date: _____

Name _____

Last Name
First Name
Middle Initial
Driver's License or State I.D. #

Address _____

Street
City
State
Zip Code

Training Institution: _____

Exam Site: _____ Date: _____

Attempt: _____ **Attempt:** _____

Station #1	Patient Assessment/Management (<input type="checkbox"/> Trauma <input type="checkbox"/> Medical)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #2	Cardiac Arrest Management / AED	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #3	Patient Handling (<input type="checkbox"/> Bleed Control <input type="checkbox"/> Lone Bone)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #4	Airway Management (<input type="checkbox"/> O2/Adjuncts <input type="checkbox"/> MTM <input type="checkbox"/> RVM)	<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 on a different day 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. A complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examinations attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process. You must complete a new Indiana First Responder training program to be eligible for future testing for certification.

IMPORTANT NOTICE

You have one (1) year to successfully complete all phases of the Indiana practical examination process from your First Responder Course completion date.

By my signature below, I acknowledge that I have read, understand, and agree to the Indiana First Responder Pass/Fail testing criteria as listed above.

First Responder Candidate: _____
(Legal Signature)

The original practical examination report form must be submitted along with the First Responder Course Report to the Indiana Department of Homeland Security.
 Copies of all records (I.e.: skills sheet, report form, course report) must be maintained by the course instructor.

Indiana First Responder Practical Skills Examination

Station 1-A

Start _____

Stop _____

Patient Assessment/Management - Trauma

Candidate's Name: _____

Date _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
SCENE SIZE UP		
Determines the scene is safe	1	
Determines the mechanism of injury	1	
Determines the number of patients	1	

Considers stabilization of spine	1		
INITIAL ASSESSMENT			
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/controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	

FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT		
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	

DETAILED PHYSICAL EXAMINATION			
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	Inspect	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 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 1 point for appropriate management of the secondary injury/wound		1	
Verbalizes re-assessment of the vital signs		1	
Critical Criteria	Total:	38	

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not determine scene safety
- _____ Did not assess for spinal protection
- _____ Did not provide for spinal protection when indicated
- _____ Did not provide high concentration of oxygen
- _____ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- _____ Did other detailed physical examination before assessing the airway, breathing and circulation

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

Indiana First Responder
Practical Skills Examination
Patient Assessment/Management - Medical

Station 1-B

Start _____

Stop _____

Candidate's Name: _____

Date _____

Evaluator's Name: _____

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
SCENE SIZE UP			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help		1	
Considers stabilization of spine		1	
INITIAL ASSESSMENT			
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	
Assesses circulation	Assesses/controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT			
Signs and symptoms (<i>Assess history of present illness</i>)		1	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental States	<input type="checkbox"/> Environment Emergency
<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Behavioral		
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode. *Onset? *Duration? Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?
			*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period?
			*How do you feel? *Determine suicidal tendencies. *Is the patient a threat to self or others? *Is there a medical problem? *Interventions?
Allergies		1	
Medications		1	
Past pertinent history		1	
Last oral intake		1	
Event leading to present illness (<i>rule out trauma</i>)		1	
Performs focused physical examination (<i>assesses affected body part/system or, if indicated, completes rapid assessment</i>)		1	
Vitals (<i>obtains baseline vital signs</i>)		1	
ONGOING ASSESSMENT (verbalized)			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Total:		26	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not determine scene safety
- _____ Did not provide high concentration of oxygen
- _____ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- _____ Did detailed or focused history/physical examination before assessing the airway, breathing and circulation
- _____ Did not ask questions about the present illness

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

Indiana First Responder
Practical Skills Examination

Station 2

Start _____

Stop _____

Cardiac Arrest Management/AED

Candidate's Name: _____

Date _____

Evaluator's Name: _____

Points Possible	Points Awarded
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ASSESSMENT		
Takes, or verbalizes, body substance isolation precautions	1	
Briefly questions the rescuer about arrest events	1	
Directs rescuer to stop CPR	1	
Verifies absence of spontaneous pulse (skill station examiner states "no pulse")	1	
Directs resumption of CPR	1	
Turns on defibrillator power	1	
Attaches automated defibrillator to the patient	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Initiates analysis of the rhythm	1	
Delivers shock	1	
TRANSITION		
Directs resumption of CPR	1	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
INTEGRATION		
Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)	1	
Ventilates, or directs ventilation of the patient	1	
Assures high concentration of oxygen is delivered to the patient	1	
Assures CPR continues without unnecessary/prolonged interruption	1	
Re-evaluates patient / CPR	1	
Repeats defibrillator sequence	1	
TRANSPORTATION		
Verbalizes transportation of patient	1	
Total:	20	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not evaluate the need for immediate use of the AED
- _____ Did not direct initiation/resumption of ventilation/compressions at appropriate times
- _____ Did not assure all individuals were clear of patient before delivering each shock
- _____ Did not operate the AED properly (inability to deliver shock)

<p>You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.</p>
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Indiana First Responder
Practical Skills Examination

Station 3-A

BLEEDING CONTROL/SHOCK MANAGEMENT

Start Time: _____ Stop Time: _____ Date _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
Note: The examiner must now inform the candidate that the wound continues to bleed.		
Applies an additional dressing to the wound	1	
Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.		
Locates and applies pressure to appropriate arterial pressure point	1	
Note: The examiner must now inform the candidate that the bleeding is controlled.		
Bandages the wound	1	
Note: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Total:	9	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Applied a tourniquet before attempting other methods of bleeding control
- _____ Did not control hemorrhage in a timely manner

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.
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Indiana First Responder
Practical Skills Examination
IMMOBILIZATION SKILLS
(Long Bone Injury)

Station 3-B

Start Time: _____

Stop Time: _____ Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
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 hand/foot in the position of function	1	
Reassesses motor sensory and circulatory function in the injured extremity	1	
<i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
Total:	10	

Critical Criteria

_____ Grossly moves the injured extremity

_____ Did not immobilize the joint above and the joint below the injury site

_____ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting

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

Indiana First Responder
Practical Skills Examination

Station 4-A

AIRWAY, OXYGEN AND VENTILATION SKILLS
UPPER AIRWAY ADJUNCTS AND SUCTION

Start Time: _____

Stop Time: _____ Date: _____

Candidate's Name: _____

Evaluator's Name: _____

OROPHARYNGEAL AIRWAY

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Selects appropriately sized airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
Note: The examiner must advise the candidate that the patient is gagging and recovering conscious.		
Removes the oropharyngeal airway	1	

SUCTION

Note: The examiner must advise the candidate to suction the patient's airway		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts the suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

NASOPHARYNGEAL AIRWAY

Note: The examiner must advise the candidate to insert in nasopharyngeal airway.		
Selects appropriately sized airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
Total:	13	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not obtain a patent airway with the oropharyngeal airway
- _____ Did not obtain a patent airway with the nasopharyngeal airway
- _____ Did not demonstrate an acceptable suction technique
- _____ Inserted any adjunct in a manner dangerous to the patient

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

Indiana First Responder
Practical Skills Examination

MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Start Time: _____

Stop Time: _____

Date: _____

Station 4-B

Candidate's Name: _____

Date: _____

Evaluator's Name: _____

Points Possible	Points Awarded
1	
1	
1	
1	
1	
1	
1	
1	
1	
Note: The examiner must witness ventilations for at least 30 seconds	
Total:	8

Takes, or verbalizes, body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate <i>(Observes proper rise and fall of the chest with 10-20 breaths per minute ratio)</i>	1	
Connects the mask to high concentration of oxygen	1	
Adjusts flow rate to a least 15 liters per minute	1	
Continues ventilation of the patient at the proper volume and rate <i>(Proper rise and fall of the chest with 10-20 breaths per minute ratio)</i>	1	

Critical Criteria

_____ Did not take, or verbalize, body substance isolation precautions
(including failure to connect one-way valve to mask)

_____ Did not adjust liter flow to at least 15 liters per minute

_____ Did not provide proper volume per breath
(more than 2 inadequate ventilations per minute)

_____ Did not ventilate the patient at a rate of 10-20 breaths per minute

_____ Did not allow for complete exhalation

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

Indiana First Responder
Practical Skills Examination
BAG-VALVE-MASK
(APNEIC PATIENT)

Start Time: _____

Stop Time: _____

Date: _____

Station 4-C

Candidate's Name: _____

Date _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Voices opening the airway	1	
Voices inserting an airway adjunct	1	
Selects appropriately sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates patient at no less than 800 ml volume <i>(The examiner must witness for at least 30 seconds)</i>	1	
Connects reservoir and oxygen	1	
Adjusts liter flow to 15 liters/minute or greater	1	
The examiner indicates arrival of a second First Responder. The second First Responder is instructed to ventilate the patient while the candidate controls the mask and the airway.		
Voices re-opening the airway	1	
Creates a proper mask-to-face seal	1	
Instructs assistant to resume ventilation at proper volume per breath <i>(The examiner must witness for at least 30 seconds)</i>	1	
Total:	11	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not immediately ventilate the patient
- _____ Interrupted ventilations for more than 20 seconds
- _____ Did not provide high concentration of oxygen
- _____ Did not provide, or direct assistant to provide, proper volume/breath
(more than two (2) ventilations per minute are below 800 ml)
- _____ Did not allow adequate exhalation

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