

# Frontline First Aid

## EMR Skills – Entonox Checklist

Call Details:

Any response where Entonox is appropriate

Instructions to role players:

You must demonstrate full comprehension of the instructions given to you by the Responder.

Participant's name: \_\_\_\_\_

	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<b>Entonox Protocols</b>					
Indications	<input type="checkbox"/> Pain				
<b>Contraindications</b>	<input type="checkbox"/> Inability to comply with instructions				
	<input type="checkbox"/> Enclosed area without ventilation				
	<input type="checkbox"/> Suspected Air Embolism or Pneumothorax				
	<input type="checkbox"/> Nitroglycerin taken in last 5 minutes				
	<input type="checkbox"/> Suspected Inhalation Injury and O2 saturation less than 100%				
	<input type="checkbox"/> Suspected Carbon Monoxide Poisoning; even if O2 saturation reads 100%				
<b>Cautions</b>	<input type="checkbox"/> Decompressant Drugs				
	<input type="checkbox"/> Shock				
	<input type="checkbox"/> Distended Abdomen				
	<input type="checkbox"/> COPD				
	<input type="checkbox"/> Maxillo-facial Injuries				
<b>Completed before administration</b>	<input type="checkbox"/> Primary Survey				
	<input type="checkbox"/> Investigation of Pain (OPQRST)				
	<input type="checkbox"/> Vital Signs including O2 saturation completed				
	<input type="checkbox"/> Contraindications ruled out				
	<input type="checkbox"/> Shake bottle if stored improperly				
	<input type="checkbox"/> Adequate ventilation secured (vehicle ventilation system activated if available)				
<b>Proper Storage</b>	<input type="checkbox"/> Not left unused over long periods				
	<input type="checkbox"/> Not stored below -6 Celcius				
	<input type="checkbox"/> Not stored vertically				

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	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Instructions to Patient	<input type="checkbox"/> Self-administered using mask/bite stick				
	<input type="checkbox"/> Mask/bite stick operation				
	<input type="checkbox"/> Pain should be relieved				
	<input type="checkbox"/> May feel:				
	<input type="checkbox"/> Light-headed				
	<input type="checkbox"/> Giddy				
	<input type="checkbox"/> Drowsy				
	<input type="checkbox"/> Nauseous				
<input type="checkbox"/> Stop or start at any time					
<input type="checkbox"/> Use until pain relieved or Adverse effects felt					
<input type="checkbox"/> Notify you if adverse effects felt					
Begin Administration of Entonox					
Monitor for Adverse Effects	<input type="checkbox"/> Cyanosis: <b>Discontinue Immediately</b>				
	<input type="checkbox"/> Patient unable to self-administer: <b>Discontinue Immediately</b>				
	<input type="checkbox"/> Aggravation/Increased Pressure in middle ear				
	<input type="checkbox"/> Decreased Cardiac Output				
	<input type="checkbox"/> Dizziness				
	<input type="checkbox"/> Decreased Level of Consciousness				
	<input type="checkbox"/> Amnesia				
	<input type="checkbox"/> Vomiting				
	<input type="checkbox"/> Nausea				
	<input type="checkbox"/> Giddiness				
<input type="checkbox"/> Drowsiness					
If discontinued		Non-Rebreather; 15 lpm			Monitor O2 Saturation
Entonox Documentation	<input type="checkbox"/> Start and Stop time				
	<input type="checkbox"/> Patient Response				

Time Ended		Successful	Yes	No	

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Comments: \_\_\_\_\_  
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Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

Evaluator's Signature: \_\_\_\_\_