

# Frontline First Aid

## EMR Skills – Assessment Checklist



Call Details:

Unresponsive Patient

Instructions to role players:

Patient is unresponsive for the entire call. Bystander can answer all pertinent questions.

Participant's name: \_\_\_\_\_ Time Started: \_\_\_\_\_

	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<b>Scene Survey</b>					
Hazards	None	Gloves, Goggles			
MOI	Gently laid down				
# of Patients	1				
Additional Resources Needed					
<b>Approach</b>					
Identify self		Introduce yourself			
What Happened?	Laid down and passed out	Talk to the bystander			
Please do not move (if applicable)	N/App				
<b>Primary Survey</b>					
C-Spine (if necessary)	Not needed				
LOC (AVPU)	Unresponsive				
Airway	Clear	OPA			
Breathing	12; effective				
Circulation					
Skin	Pale, Cool, Clammy				
Pulse Check	Present				
RBS	No blood				
Critical Interventions					
Oxygen		10 lpm; Simple Mask			
Blanket		Cover with blanket			
Bleeding					
Position		Keep comfortable			
Pulse Oximeter	97	Apply pulse oximeter			Recorded with Vitals
Transport Decision	<input type="checkbox"/> Rapid Transport (Unresponsive) <input type="checkbox"/> Notify Hospital	Partner prepares equipment			Continue protocols until transport

# Frontline First Aid

## EMR Skills – Assessment Checklist



	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<b>Secondary Survey</b>					
<b>History</b>					
<b>Signs and Symptoms</b> <b>Allergies</b> <b>Medications</b> <b>Past medical Hx</b> <b>Last Meal</b> <b>Events leading up</b>	Dizziness Penicillin none none ½ hour ago Sitting at home				
<b>Onset</b> <b>Provoke</b> <b>Quality</b> <b>Region/Radiate</b> <b>Severity</b> <b>Time</b>	Sudden Standing Dizziness Head 6/10 8 minutes ago				
<b>Vital Signs</b>					Second set of Vitals
Glasgow Coma Scale Eye Opening Verbal Motor	6 1 4 1				6
Respirations Rate Rhythm Quality	12 Regular Effective				12 Regular Effective
Pulse Rate Rhythm Quality	70 Regular Strong				80 Regular Strong
Skin Condition	Pale; Cool, Sweaty				Pale; Cool, Sweaty
Blood Pressure	110/60				115/70
Pupils	3 mm; Equal; Reactive				3 mm; Equal; Reactive
Blood Glucose	N/app				N/app
Oxygen Saturation	98%  Palpable pulse is within 10 bpm of Pulse Oximeter	Simple Mask; 10 lpm  <input type="checkbox"/> Compare Oximeter pulse rate to palpated rate <input type="checkbox"/> Difference < 10 bpm considered accurate			98%
If Inaccurate	<input type="checkbox"/> Difference greater than 10 bpm	<input type="checkbox"/> Remove from finger <input type="checkbox"/> Use warmer finger <input type="checkbox"/> Remove nail polish <input type="checkbox"/> Use Toe or earlobe if appropriate <input type="checkbox"/> Re-apply oximeter and compare			

# Frontline First Aid

## EMR Skills – Assessment Checklist



Vital Signs Cont.	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<p>Monitor IV</p> <p>If started by IV-Endorsed Paramedic</p>	<input type="checkbox"/> Check IV site <input type="checkbox"/> Correct Solution <input type="checkbox"/> Amount remaining <input type="checkbox"/> Calculate Flowrate <input type="checkbox"/> Check Flowrate	Standard=15gtts/ml Macro=10gtts/ml Micro=60gtts/ml Gtts/min=volume to be <u>infused x gtts/ml</u> Infusion time(minutes)			IV started before 3 <sup>rd</sup> set of Vitals
IV Complications	<input type="checkbox"/> Interstitial <input type="checkbox"/> Circulatory Overload <input type="checkbox"/> Throbosis or Thrombophlebitis <input type="checkbox"/> Catheter Embolism  <input type="checkbox"/> Site Infection <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Air Embolism	<input type="checkbox"/> Discontinue <input type="checkbox"/> TKVO, Semi-sit, O2 <input type="checkbox"/> Discontinue  <input type="checkbox"/> Discontinue, Retain catheter <input type="checkbox"/> Discontinue <input type="checkbox"/> TKVO / Discontinue <input type="checkbox"/> Left side, head down 30 degrees, check IV for leaks, O2			
Change IV Bag	<input type="checkbox"/> Requested by IV-Endorsed Paramedic <input type="checkbox"/> 50 ml or less remaining <input type="checkbox"/> Glass to plastic before altitude	<input type="checkbox"/> Wash hands <input type="checkbox"/> Wear gloves <input type="checkbox"/> Turn off flow control clamp <input type="checkbox"/> Gently remove dressing and tape from IV site <input type="checkbox"/> Hold sterile gauze over puncture site <input type="checkbox"/> Grasp hub of catheter and pull straight back <input type="checkbox"/> Pressure for 3-5 minutes <input type="checkbox"/> Bandage when bleeding stopped <input type="checkbox"/> Inspect catheter for completeness <input type="checkbox"/> Document time and volume used			
IV Documentation	<input type="checkbox"/> Time Started and Discontinued <input type="checkbox"/> Amount of solution infused <input type="checkbox"/> Type of solution <input type="checkbox"/> Complications				

# Frontline First Aid

## EMR Skills – Assessment Checklist



	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<b>Head to Toe</b>					
Head					
Look	Unremarkable				
Feel	Unremarkable				
Neck					
Look	Unremarkable				
Feel	Unremarkable				
Chest					
Look	Unremarkable				
Listen/Auscultate	Equal-Bilateral				
Feel	Unremarkable				
Abdomen					
Look	Unremarkable				
Feel	Unremarkable				
Pelvis					
Look	Unremarkable				
Feel	Unremarkable				
Lower Extremities					
Look	Unremarkable				
Feel	Unremarkable				
Pulse	Present				
Motor	Normal				
Sensory	Normal				
Upper Extremities					
Look	Unremarkable				
Feel	Unremarkable				
Pulse	Present				
Motor	Normal				
Sensory	Normal				
Back					
Look	Unremarkable				
Feel	Unremarkable				
	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
<b>Monitor</b>					
Oxygen Saturation	98%  Use lowest flowrate needed to maintain 95% saturation	<input type="checkbox"/> Adjust up or down by 1 lpm each minute <input type="checkbox"/> Within minimum and maximum flow-rates for delivery method			Treat the patient...NOT the oximeter

Frontline First Aid  
EMR Skills – Assessment Checklist



	Critical Findings	Critical Actions or Interventions	Yes	No	Notes and Comments
Appropriate Treatment	More advanced care needed	<input type="checkbox"/> Check Vitals every 5 minutes <input type="checkbox"/> Check I.V. with vitals if started by advanced care			
Monitor O2 Saturation	Use lowest flowrate needed to maintain 95% saturation	<input type="checkbox"/> Adjust up or down by 1 lpm each minute <input type="checkbox"/> Within minimum and maximum flow-rates for delivery method			Treat the patient...NOT the oximeter

Time Ended		Successful	Yes	No	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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