

EMS Procedural Skills Checklist

Direct Orotracheal Intubation

Name _____ Date _____
 Shift _____ Station _____

| Indications for Intubation | OK | RR | Notes |
|---|----|----|-------|
| Respiratory or Cardiac Arrest | | | |
| Inadequate Ventilation with BVM | | | |
| Impending Respiratory Failure or apnea | | | |
| Hypoxia unresponsive to 100% oxygen in addition to: <ul style="list-style-type: none"> - RR < 8 - Poor ventilatory effort - Inability to maintain patent airway - Airway obstruction | | | |
| Equipment – checked and assembled | | | |
| Oxygen (Sources, including apneic oxygenation) | | | |
| BVM with mask and reservoir | | | |
| Airway Adjuncts (LMA/King, bougie, OPA/NPA) | | | |
| Suction system | | | |
| Laryngoscope with appropriate blade size | | | |
| ET Tube and stylet | | | |
| Capnography/capnometry | | | |
| Water soluble lubrication gel | | | |
| 10-12 ml syringe (for ETT balloon) | | | |
| Stethoscope (for post-intubation breath sounds) | | | |
| Preparation | | | |
| Appropriate PPE precautions | | | |
| All Equipment prepped, accessible, and checked | | | |
| Obtain BP and address hypotension if present | | | |
| Obtain IV/IO access | | | |
| Airway manually opened (adjuncts as needed) | | | |
| Ventilate with BVM (rate of 10-12 Adults, rate of 15-20 for Peds) | | | |
| Pulse ox applied | | | |
| Patient preoxygenated; apneic oxygen applied (nasal cannula) | | | |
| Performs Procedure | | | |
| Positions Patient (sniffing position; ear level with sternal notch) | | | |
| Open patients mouth with right hand (scissor technique) | | | |
| Inserts laryngoscope blade and displaces tongue | | | |
| Advance blade slowly along tongue to locate epiglottis | | | |
| Insert curved blade into vallecula or elevate epiglottis with Miller blade | | | |
| Lift laryngoscope 45 degrees upward and forwards to visualize cords | | | |
| Maintaining view of cords, insert ETT, visualize balloon passing through cords into trachea | | | |
| Appropriate tube placement (3x tube size; 21cm for 7mm, 24cm for 8mm) | | | |
| Verify tube placement w/ capno, listen for breath sounds | | | |
| ETT secured utilizing appropriate device/procedure | | | |
| Ventilates patient at appropriate rate and volume | | | |
| Vitals reassessed throughout intubation | | | |

RR – Remediation Required

Critical Criteria

- Failure to initiate ventilations
- Failure to preoxygenate patient prior to intubation
- If used, stylet extends beyond end of ET tube
- Failure to disconnect syringe immediately after inflating cuff of ET tube
- Uses teeth as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- Failure to provide adequate volumes per breath
- Insertion or use of any adjunct in a manner dangerous to the patient
- Failure to demonstrate the ability to manage the patient as a minimally competent EMT

No Critical Criteria Identified

Completed by: _____

EMS Procedural Skills Checklist

Peripheral IV Access

Name _____ Date _____
 Shift _____ Station _____

| Indications for Peripheral IV Access | OK | RR | Notes |
|---|----|----|-------|
| Respiratory or Cardiac Arrest | | | |
| Volume Infusion Therapy (hypotension/dehydration) | | | |
| Need for IV medication | | | |
| Trauma Patients | | | |
| Equipment – checked and assembled | | | |
| IV Solution | | | |
| IV Administration Set | | | |
| Catheter (selects appropriate size) | | | |
| Sharps Container | | | |
| Start Kit (antiseptic swabs, gauze, tourniquet, occlusive bandage, syringe, etc.) | | | |
| Preparation | | | |
| IV fluids spiked and prepped if needed | | | |
| All Equipment prepped, accessible, and checked | | | |
| Sufficient tape/adhesive for securing | | | |
| Appropriate PPE donned | | | |
| Identifies appropriate sites for IV placement attempt | | | |
| Performs Procedure | | | |
| Tourniquet applied | | | |
| Palpates and identifies suitable vein | | | |
| Site cleansed with antiseptic swabs (moving outwards in circular motion) | | | |
| IV needle and catheter removed from package maintaining sterility | | | |
| Vein stabilized by stretching skin | | | |
| Patient informed to expect needle stick | | | |
| Inserts stylet with bevel up at appropriate angle (35-45 degrees) | | | |
| Feels “pop” as stylet enters vein, observe flash in chamber | | | |
| Flattens stylet and inserts an additional 1/8-1/4” | | | |
| Stabilizes stylet and slides catheter off | | | |
| Stylet removed and placed in sharps container | | | |
| IV tubing attached to hub of catheter | | | |
| Tourniquet removed | | | |
| Flow clamp opened, saline flush to ensure functionality | | | |
| Catheter secured along with IV tubing | | | |
| Assess for signs of infiltration, irritation | | | |
| Reassess Patient | | | |

RR – Remediation Required

Critical Criteria

- ___ Failure to dispose of blood-contaminated sharps immediately at the point of use
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear or air embolism
- ___ Failure to manage the patient as a competent EMT

No Critical Criteria Identified

Completed by: _____

EMS Procedural Skills Checklist

Peripheral Intraosseous Access

Name _____ Date _____
 Shift _____ Station _____

| Indications for Peripheral IO Access | OK | RR | Complete |
|---|----|----|----------|
| Vascular Access is essential; no other option available | | | |
| Cardiac Arrest | | | |
| Multisystem trauma w/ hypovolemia | | | |
| Burned patient with no IV access | | | |
| Severe dehydration w/ acute AMS | | | |
| Respiratory failure or arrest | | | |
| Peri-arrest | | | |
| Contraindications | | | |
| Child < 1 year of age (manual in < 1 year) | | | |
| Fracture of tibia, humerus, or other long bone site | | | |
| Previous insertion within 24 hours | | | |
| Infection over insertion site | | | |
| Relative contraindication if other adequate access readily available | | | |
| Equipment – checked and assembled | | | |
| Solution | | | |
| Administration Set | | | |
| IO needle and insertion device | | | |
| Sharps container | | | |
| antiseptic swabs, gauze, bulky dressing, syringe, etc. | | | |
| Preparation | | | |
| fluids spiked and prepped if needed | | | |
| All Equipment prepped, accessible, and checked | | | |
| Sufficient tape/adhesive for securing | | | |
| Appropriate PPE donned | | | |
| Identifies appropriate sites for IO placement attempt <ul style="list-style-type: none"> 1. Tibial – Identify and palpate tibial tuberosity below knee <ul style="list-style-type: none"> - Locate consistent flat area of bone 2 cm distal and medial to tibial tuberosity 2. Humerus – palpated at insertion point for the deltoid muscle, between bicep and tricep. Midway along length of arm. <ul style="list-style-type: none"> - Surgical neck located by palpating up length of humerus until notch/groove felt - Insertion point about 1 cm above surgical neck 3. Distal Femur (Pediatrics)- 1cm proximal and 1cm medial to patella | | | |
| Performs Procedure (Tibial) | | | |
| Flexed knee supported by placing hand/towel under calf (not directly below site) | | | |
| Site cleansed with antiseptic swabs (moving outwards in circular motion) | | | |
| Using EZ-IO insertion device, gently pierce skin until needle touches bone. (1 black line visible) | | | |
| Squeeze trigger while maintaining gentle, steady pressure on handle | | | |
| Release trigger when decrease in resistance felt | | | |
| Needle should stand up from bone without assistance | | | |
| Inner trochar removed and disposed in sharps container | | | |

| | | | |
|--|--|--|--|
| Obtains marrow/flushes to confirm placement | | | |
| Performs Procedure (Humeral) | | | |
| Appropriate Site identified | | | |
| Patient hand placed on abdomen | | | |
| Site cleansed with antiseptic swabs (moving outwards in circular motion) | | | |
| Squeeze trigger while maintaining gentle, steady pressure on handle | | | |
| Release trigger when decrease in resistance felt | | | |
| Needle should stand up from bone without assistance | | | |
| Inner trochar removed and disposed in sharps container | | | |
| Obtains marrow/flushes to confirm placement | | | |
| If flow is good, IV tubing attached and site secured | | | |
| Performs Procedure (Distal Femur) | | | |
| Appropriate Site identified | | | |
| Secure the leg out-stretched to ensure the knee does not bend | | | |
| Site cleansed with antiseptic swabs (moving outwards in circular motion) | | | |
| Squeeze trigger while maintaining gentle, steady pressure on handle | | | |
| Release trigger when decrease in resistance felt | | | |
| Needle should stand up from bone without assistance | | | |
| Inner trochar removed and disposed in sharps container | | | |
| Obtains marrow/flushes to confirm placement | | | |
| If flow is good, IV tubing attached and site secured | | | |

RR – Remediation Required

Critical Criteria

- ___ Failure to dispose of blood-contaminated sharps immediately at the point of use
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement
- ___ Performs IO puncture in an unacceptable or unsafe manner (improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.)
- ___ Failure to manage the patient as a competent EMT

No Critical Criteria Identified

Completed by: _____

EMS Procedural Skills Checklist Needle Decompression

Name _____ Date _____
Shift _____ Station _____

| Indications for Pleural Decompression | | OK | RR | Notes |
|--|---|----|----|-------|
| Suspected Tension Pneumothorax <ul style="list-style-type: none"> • Respiratory distress w/ hypoxia • Unilateral decreased or absent lung sounds | <ul style="list-style-type: none"> • Evidence of hemodynamic compromise • Tracheal deviation away from collapsed lung | | | |
| Cardiac arrest after blunt or penetrating trauma involving chest/abdomen <ul style="list-style-type: none"> - Consider bilateral | | | | |
| Equipment – checked and assembled | | | | |
| Over the needle catheter <input type="checkbox"/> 14-16 gauge x 2-5 inch for adult <input type="checkbox"/> 16-18 gauge X 1 ½ - 2 inch for pediatric | | | | |
| Tape | | | | |
| Sterile Gauze Pads | | | | |
| Antiseptic swabs | | | | |
| Occlusive dressing | | | | |
| 10 mL syringe | | | | |
| Preparation | | | | |
| PPE precautions | | | | |
| Finds appropriate site <ul style="list-style-type: none"> - 2nd or 3rd intercostal space on midclavicular line | | | | |
| Properly cleanses the insertion site with appropriate solution | | | | |
| Performs Procedure | | | | |
| Decompression site identified | | | | |
| Catheter firmly introduced immediately above 3 rd rib at midclavicular line or 5 th rib at mid-axillary line | | | | |
| Catheter inserted into thorax until air exits (plunger in syringe aspirates air) | | | | |
| Catheter advanced and needle removed (dispose in sharps) | | | | |
| Stabilizes the catheter hub with 4x4s and tape | | | | |
| Reassess lung sounds and patient condition | | | | |
| Assess breath sounds and respiratory status | | | | |

RR – Remediation Required

Critical Criteria

- ___ Failure to dispose of the needle in proper container
- ___ Failure to correctly locate the site for insertion
- ___ Failure to properly cleanse site prior to needle insertion
- ___ Incorrect procedure relating to needle insertion (inserting below the rib, incorrect anatomical location, etc.)
- ___ Failure to assess the need for needle decompression (diminished or absent breath sounds, signs of hemodynamic compromise, etc.)
- ___ Failure to reassess patient condition following procedure

No Critical Criteria Identified

Completed by: _____

EMS Procedural Skills Checklist

Vasopressor infusion

Name _____ Date _____
 Shift _____ Station _____

| Indications for Levophed Infusion | OK | RR | Notes |
|---|----|----|-------|
| Cardiogenic, neurogenic, septic, or anaphylactic shock | | | |
| Bradycardia w/ hypotension refractory to Atropine and TCP | | | |
| Hemodynamically significant overdose (SBP < 90 mmHg) | | | |
| Hypotension (SBP < 90 mmHg for adults or age specific values for Pediatrics) not secondary to hypovolemia | | | |
| Contraindications | | | |
| Hypovolemic shock until fluid/volume replacement complete first | | | |
| Equipment – checked and assembled | | | |
| IV or IO access (at least 20 gauge IV) | | | |
| 250 mL NS bag | | | |
| 4 mg Norepinephrine | | | |
| Attached to pulse ox, cardiac monitor, blood pressure | | | |
| Preparation | | | |
| Obtain IV/IO access | | | |
| Give patient fluid resuscitation | | | |
| Appropriate PPE donned | | | |
| IV site tested for appropriate flow | | | |
| Performs Procedure | | | |
| Adults- Take 4mg of Norepinephrine and mix in 250 ml bag of NS | | | |
| Pediatrics- Take 1mg of 1:1000 Epinephrine and mix in 250 ml bag of NS (4 mcg/ml) | | | |
| Sanitize IV tubing prior to attachment of drip | | | |
| Adults- Start infusion at around 8-12 mcg/minute (30-45 gtt/min) | | | |
| Pediatrics- 0.1-1.5mcg/kg/minute | | | |
| Reassess patient status for adverse reactions - Arrhythmia, pulmonary edema, bradycardia, anaphylaxis, tachycardia | | | |
| Reassess blood pressure and vitals every 5 minutes | | | |
| Adjust drip as needed | | | |
| Reassess Patient continually | | | |

RR – Remediation Required

Critical Criteria

- ___ Failure to identify indications and contraindications to Vasopressor administration
- ___ Failure to check Peripheral access functionality
- ___ Failure to check blood pressure or verbalize checking BP every 5 minutes
- ___ Failure to start drip at appropriate rate
- ___ Failure to reassess for rate adjustment

No Critical Criteria Identified

Completed by: _____