

SEMINOLE COUNTY EMS PROVISIONAL PARAMEDIC SKILLS VERIFICATION

The following person has completed the Seminole County EMS Provisional Paramedic Skills Verification check in the following areas:

Advanced Airway Procedure
Decompression
Continuous Positive Airway Pressure
Defibrillation
Peripheral Intravenous and Intraosseous Access
Dosage Calculations
Mega Code

DATE: _____

NAME: _____

AGENCY: _____

EVALUATOR: _____

EVALUATOR: _____

AGENCY EMS OFFICER: _____

PARAMEDIC FIELD TRAINING MENTOR: _____

SEMINOLE COUNTY EMS

PROVISIONAL PARAMEDIC SKILLS VERIFICATION

OBJECTIVES

1. Given a human patient simulator and necessary equipment, the Provisional Paramedic shall be able to demonstrate the following advanced airway procedures with 100% accuracy:
 - a. Adult Endotracheal Intubation
 - b. Pediatric Endotracheal Intubation
 - c. Airway control with a supraglottic airway device (King Tube LT-D or equivalent)
 - d. Needle cricothyroidotomy
 - e. Surgical cricothyroidotomy
2. Given an appropriate simulator and equipment, the Provisional Paramedic shall identify the signs and symptoms of a tension pneumothorax and perform a pleural needle decompression with 100% accuracy.
3. Given a scenario using a human patient simulator and necessary equipment, the Provisional Paramedic shall identify signs and symptoms of respiratory distress, the indications and contraindications of using continuous positive airway pressure (CPAP) device and demonstrate the initiation and management of this device with 100% accuracy.
4. The Provisional Paramedic shall identify the indications, contraindications and demonstrate the correct procedure for skills listed below using a cardiac monitor/pacer/defibrillator with 100% accuracy:
 - a. Adult and Pediatric Defibrillation
 - b. Adult and Pediatric Synchronized Cardioversion
 - c. Cardiac Pacing Procedure
5. The Provisional Paramedic shall demonstrate using an appropriate simulator and equipment, the procedure to initiate a peripheral intravenous (IV) access site and an intraosseous (IO) access site with 100% accuracy.
6. The Provisional Paramedic shall explain and demonstrate the proper use, including mixing, dosage calculation and accurate drip rates for all authorized drip medications under the Seminole County Practice Parameters using a Buretrol or similar control device with 100% accuracy.
7. On a scenario environment, using a human patient simulator and all necessary equipment as authorized under the Seminole County Practice Parameters, the Provisional Paramedic must participate in a final megacode evaluation prior to being released as a paramedic under SCEMS. The scenarios will be varied and are designed to evaluate the individual's critical thinking skills, interventions and scene management. Provisional Paramedics shall expect to be tested in any of the parameters, procedures and knowledge base defined within the Practice Parameters. Each Provisional Paramedic must successfully complete this evaluation prior to being released. Although the scenarios will be different, Provisional Paramedics will be evaluated on the following areas:
 - a. Patient assessment and management
 - b. Scenario appropriate BLS and ALS interventions
 - c. EKG and 12-Lead Interpretation – it will include lethal dysrhythmias
 - d. Complications of therapy or interventions
 - e. Pharmacology knowledge, indications, contraindications, side effects and drug dosages
 - f. Initiation of IV medication drips
 - g. Overall scene management

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Evaluate the Provisional Paramedic by using the criteria presented on this skill verification sheet. Place a checkmark in the PASS or FAIL box for each action. Remediation of all deficient portions and successful completion in all categories must be attained prior to submission of the final skills verification.

Adult Endotracheal Intubation	DONE	NOT DONE
1. Selects appropriate size endotracheal tube		
2. Test cuff. Inflates and deflates fully, check for leaks		
3. Attaches appropriate blade to handle and checks light		
4. Holds laryngoscope in the left hand		
5. Removes all foreign objects: Dentures, oral pharyngeal airways, etc		
6. Inserts laryngoscope properly		
7. Does not use teeth as fulcrum		
8. Visualizes vocal cords		
9. Inserts endotracheal tube until cuff passes the vocal cords		
10. Maintains visualization of cords as tube is passed		
11. Removes laryngoscope blade while holding ET tube in place		
12. Inflates endotracheal cuff with 5-10 ml air		
13. Confirms endotracheal tube placement : Visualization, capnography, + lung sounds Neg. epigastric sounds, condensation in tube, Improved condition, increase saturations		
14. Properly secures endotracheal tube		
15. Completes intubation in 20 seconds per attempt and keeps CPR/ventilations between attempts		

Comments:

Evaluator

- Satisfactorily Completed
 Needs Remediation

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Child Endotracheal Intubation	DONE	NOT DONE
1. Selects appropriate size endotracheal tube / explains how to properly size tube		
2. Attaches appropriate blade to handle and checks light		
3. Holds laryngoscope in the left hand		
4. Inserts laryngoscope properly		
5. Does not use teeth or gums as fulcrum		
6. Visualizes vocal cords		
7. Inserts endotracheal tube		
8. Maintains visualization of cords as tube is passed		
9. Removes laryngoscope blade while holding ET tube in place		
10. Confirms endotracheal tube placement : <small>Visualization, capnography, + lung sounds Neg. epigastric sounds, condensation in tube, Improved condition, increase saturations</small>		
11. Properly secures endotracheal tube		
12. Completes intubation in 20 seconds per attempt and keeps CPR/ventilations between attempts		

Comments:

Evaluater

- Satisfactorily Completed
 Needs Remediation

SEMINOLE COUNTY EMS PROVISIONAL PARAMEDIC SKILLS VERIFICATION

Airway Control With Supraglottic Airway Device	DONE	NOT DONE
1. Selects appropriate size tube based on patient’s height		
2. Lubricate beveled distal tip and posterior aspect of the tube		
3. Pre-oxygenate using BVM and 100% oxygen		
4. Position the patient’s head in the “sniffing position”		
5. Hold tube at the connector with dominant hand		
6. Perform a tongue-jaw lift with non-dominant hand		
7. Insert tube into corner of mouth and rotate laterally 45-90 degrees		
8. As tube passes under the tongue, rotate tube back to midline		
9. Advance tube until base of connector is aligned with teeth or gums		
10. Patient’s lips should rest between the black bands on the device		
11. Inflates cuff with appropriate volume: Size 3 – 50ml, Size 4 – 70 ml, Size 5 – 80ml		
12. Bag with BVM and simultaneously withdraw tube until ventilation is free flowing		
13. Confirms proper placement by auscultation, chest movement, EtCO2 wave form		
14. Properly secures the supraglottic device		
15. Demonstrates proper technique for relief of gastric distention		

Comments:

Evaluator

- Satisfactorily Completed
 Needs Remediation

SEMINOLE COUNTY EMS PROVISIONAL PARAMEDIC SKILLS VERIFICATION

Needle Cricothyrotomy	DONE	NOT DONE
1. Explain indications for skill		
2. Position patient in supine position / neck in neutral position		
3. Prepare site with antiseptic swabs / betadine		
4. Identify and locate the correct landmarks		
5. Stabilize the area with thumb and forefinger of non-dominant hand		
6. Attach a syringe to a 14-16 gauge needle		
7. Direct needle at a 45 degree angle caudally, apply negative pressure		
8. Insert through lower half of cricothyroid membrane & bubbles of air are noted		
9. Remove syringe and withdraw needle while advancing catheter		
10. Attach 3.0 mm ET adapter to hub of catheter /ventilate with Bag Valve device		
11. Secure the catheter after reconfirming correct placement with breath sounds		
12. Continue to ventilate and monitor chest rise		

Surgical Cricothyrotomy	DONE	NOT DONE
1. Explain indications for skill		
2. Prepares and select appropriate equipment		
3. Position patient in supine position / neck in neutral position		
4. Prepare site with antiseptic swabs / betadine		
5. Locate the correct landmarks		
6. Stabilize the area with thumb and forefinger of non-dominant hand		
7. Makes a superficial transverse skin incision over membrane		
8. Punctures membrane and maintains site with tip of gloved index finger		
9. Enlarges opening with handle of scalpel or inserts hemostats		
10. Insert cuffed endotracheal tube directing the tube distally into trachea		
11. Inflate the cuff of the tube and ventilate with Bag Valve device		
12. Observe breath sounds and auscultate chest for adequate ventilation		
13. Secures the tube in place		
14. Continue to ventilate and observe chest rise		

Comments:

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Evaluator Satisfactorily Completed
 Needs Remediation

Tension Pneumothorax	DONE	NOT DONE
1. Verbalizes the signs and symptoms of a tension pneumothorax		
2. Prepares the necessary equipment		
3. Confirms unequal air entry		
4. Locates decompression site		
5. Identifies 2 nd intercostal space mid-clavicular line or 5 th intercostal space in the mid-axillary line		
6. Prepares the site with antiseptic swab		
7. Uses gloved finger over the needle and catheter as a flutter valve		
8. Inserts needle above the top of the rib at the selected site		
9. Advances catheter, removes needle and disposes it properly		
10. Secure catheter in place		
11. Reassesses lung sounds and patient's condition		
12. Dresses with occlusive dressing and/or sterile gauze pad		
13. Assess breath sounds and monitor respiratory status		

Respiratory Distress/CPAP	DONE	NOT DONE
1. Identify signs and symptoms of respiratory distress		
2. Explain indications of using continuous positive airway pressure (CPAP)		
3. Explain contraindications of using CPAP		
4. Explain complications of using CPAP		
5. Selects equipment and assembles appropriately		
6. Assess vital signs		
7. Attaches heart monitor and pulse oximetry		
8. Sets desired CPAP level and applies CPAP making sure there are no leaks		
9. Instructs patient on breathing for overall effectiveness		
10. Notify hospital via radio and request Respiratory to be notified of CPAP use		
11. Explains steps for continued monitoring of the patient		
12. Explain the necessary documentation for use of CPAP		

Comments:

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SEMINOLE COUNTY EMS PROVISIONAL PARAMEDIC SKILLS VERIFICATION

Evaluators

- Satisfactorily Completed
 Needs Remediation

Adult Defibrillation	DONE	NOT DONE
1. Verbalize the indications for adult defibrillation		
2. Identify the contraindications for adult defibrillation		
3. Confirm the patient is unresponsive and pulseless		
4. Identify the types of "shockable" rhythms		
5. Turns on the defibrillator		
6. Ensure synchronizer is turned off		
7. Place paddles or fast patch pads in the correct position optimizing conduction		
8. Select appropriate energy level per Practice Parameters and AHA Guidelines		
9. Stop CPR, ensure all EMS personnel are in a safe operating location		
10. Make sure ALL CLEAR is called using proper mnemonic		
11. Apply 20-25 pounds of pressure to paddles (if applicable and being used)		
12. Discharge energy		
13. Resumes CPR and minimizes "no flow" time		
14. Assess for rhythm change and check patient for a pulse (if applicable)		
15. Repeat procedure as per Practice Parameters and AHA Guidelines		

Pediatric Defibrillation	DONE	NOT DONE
1. Verbalize the indications and contraindications for pediatric defibrillation		
2. Confirm the patient is unresponsive and pulseless		
3. Identify the types of "shockable" rhythms commonly seen in pediatrics		
4. Turns on the defibrillator		
5. Ensure synchronizer is turned off		
6. Place paddles or fast patch pads in the correct position optimizing conduction		
7. Select appropriate energy level per Practice Parameters and AHA Guidelines		
8. Stop CPR, ensure all EMS personnel are in a safe operating location		
9. Make sure ALL CLEAR is called using proper mnemonic		
10. Apply firm pressure to paddles (if applicable)		
11. Discharge energy		
12. Resumes CPR and minimizes "no flow" time		
13. Observe for rhythm change and check for a pulse (if applicable)		
14. Repeat procedure as per Practice Parameters and AHA guidelines		

Comments:

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Evaluator Satisfactorily Completed
 Needs Remediation

Synchronized Cardioversion	DONE	NOT DONE
1. Identify the indications for synchronized cardioversion		
2. Identify the contraindications for synchronized cardioversion		
3. Verbalize the types of rhythms requiring cardioversion. Confirms the rhythm		
4. Select synchronization and look for flagging of the QRS		
5. Considers pre-medicating or sedating the patient if condition allows.		
6. Explain to the conscious patient the procedure.		
7. Place paddles or fast patch pads in the correct position optimizing conduction		
8. Select appropriate energy level per Practice Parameters and AHA Guidelines		
9. Ensure all people are clear of the patient before discharging energy		
10. Apply 20-25 pounds of pressure to paddles (if applicable)		
11. Discharge energy and hold button until energy is delivered		
12. Observe for rhythm change and check patient for a pulse		
13. Repeat as per Practice Parameters and AHA Guidelines		

Transcutaneous Pacing	DONE	NOT DONE
1. Verbalizes the indications and contraindications for transcutaneous pacing		
2. Verbalize the rate and rhythm seen on the monitor – confirms pulses		
3. Place pacing electrodes are in proper position		
4. Turn the pacer on		
5. Set rate at 60-80 beats per minute		
6. Stop CPR (if applicable)		
7. Slowly increase milliamps until electrical and mechanical capture is noted		
8. Stop pacing if no response to maximum pacing output		
9. Continue CPR and proceed with appropriate protocol (if no response)		
10. Check every 5-10 seconds for capture in maximum output setting (if no response initially)		
11. Does not exceed 80 BPM if patient remains hypotensive		

Comments:

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 Needs Remediation

Peripheral Intravenous Access	DONE	NOT DONE
1. Explains to patient that an IV will be started		
2. Selects and inspects the proper fluid and administration set		
3. Connects administration set to IV bag using Aseptic techniques		
4. Squeezes the drip chamber to prime and bleeds air from the tubing		
5. Closes valve and inspects for air bubbles on the line		
6. Recaps distal end of the tubing – must keep the distal tip sterile		
7. Places tourniquet and palpates area for suitable veins		
8. Selects the appropriate vein for cannulation		
9. Preps the site using the proper cleansing product		
10. Punctures vein with the catheter’s bevel up		
11. Advances catheter over needle		
12. Applies pressure above the site of the puncture		
13. Removes tourniquet and connects IV tubing or extension tubing to the catheter		
14. Opens the control valve and notes the quality of the flow rate		
15. Inspects the puncture site for signs of infiltration		
16. Covers puncture site with appropriate ointment and bandage		
17. Secures the tubing and re-checks drip rate		
18. Frequently checks the site for signs of infiltration or complications		

Intraosseous Infusion	DONE	NOT DONE
1. Verbalizes the appropriate sites and bony landmarks		
2. Selects the appropriate injection site		
3. Prepares the site using aseptic technique		
4. Stabilizes the site and inserts appropriate needle		
5. Removes stylette from catheter		
6. Attempt to aspirate the bone marrow		
7. Administer appropriate dose of Lidocaine 2% (if applicable)		
8. Begin infusion		

Comments:

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Medication Administration	DONE	NOT DONE
1. Explain procedure for intramuscular administration of medication		
2. Explain procedure for subcutaneous administration of medication		
3. Explain procedure for medication administration through a nasal atomizer		
4. Explain procedure for medication administration through a nebulizer		
5. Explain what medications are authorized as drip medications		
6. Explain the accurate drip rates for the medications listed in #6		
7. Demonstrate the proper use of a buretrol or similar control device		
8. Explain the procedure to reconstitute medications		
9. Explain the use and dosage calculation for the following medications used under the Seminole Practice Parameters		
10. Adrenergics		
11. Analgesic		
12. Anesthetic		
13. Antagonist		
14. Antianginal		
15. Antiarrhythmic		
16. Antidiabetic		
17. Antipyretic / anti inflammatory		
18. Antiemetic s		
19. Antihistamines		
20. Bronchodilators		
21. Corticosteroids		
22. Diuretics		
23. Electrolytes		
24. Sedative / Hypnotics		
25. Medical Gases		
26. Hormones		
27. Salicylates		

- Satisfactorily Completed

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Final Megacode Evaluation

The Final Skills Check / Megacode Evaluation will be scenario based encompassing all aspects of BLS and ALS care. Each scenario will be different in nature but will contain the following components that must be successfully managed by the Provisional Paramedic.

Required Parameters	DONE	NOT DONE
1. Proper patient assessment and management including but not limited to: <ul style="list-style-type: none"> • Thorough patient primary and secondary survey • Identify and manage all life threatening conditions • Identify and manage all patient responses or complications to therapy • Psychological first aid 		
2. Proper management of all BLS related care including but not limited to: <ul style="list-style-type: none"> • Ventilatory management with BVM, Oxygen and oral airways • Cardiopulmonary resuscitation according to current AHA guidelines • Management of soft tissue wounds, bleeding control, fracture care 		
3. Appropriate Cardiac Care management including but not limited to: <ul style="list-style-type: none"> • Proper rhythm recognition and 12 lead interpretation • Management of all dysrhythmias according to Practice Parameters • Appropriate electrical therapies based on patient's condition 		
4. Pharmacologic management including but not limited to: <ul style="list-style-type: none"> • Appropriate medications, dosages and routes of administration based on patient's condition and according to Practice Parameters • Indications, contraindications and side effects of all medications • Initiation of therapeutic IV drips appropriate for the scenario • Explanation and discussion on how IV drips are mixed and flow rates determined 		
5. Patient Priority and Transport Destination options: <ul style="list-style-type: none"> • General scene management and coordination • Identify early the patient priority and appropriate transport destination based on the patient's condition • Selection of the most appropriate mode of transportation to expedite transport to the hospital. 		
6. Other management and appropriate therapeutic interventions based on patient's condition		

Comments:

Evaluator

- Satisfactorily Completed
 Needs Remediation