



Emergency Medical Technician Student Handbook



Office of Rural Health / Emergency Medical Services

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Welcome

Congratulations on your decision to enter into the world of EMS by becoming an Emergency Medical Technician.

EMS is a rewarding profession that requires a special person with dedication, compassion and an overwhelming amount of self-sacrifice.

The EMS Program is part of the Department of Health, Office of Rural Health, and consists of 4 staff members located in Pierre, Sioux Falls, and Rapid City to best serve the EMS system in South Dakota:

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The Office of Rural Health / Emergency Medical Services has adopted the US Department of Transportation National Education Standards EMT as the foundational course of study for all EMT Candidates in the State of South Dakota. This course will provide you with the knowledge and skills to provide quality out-of-hospital care to the sick and injured.

This handbook has been prepared to assist you in preparing for the state required National Registry cognitive and psychomotor examinations.

The Office of Rural Health / EMS wishes you the best of luck and welcomes you into the rewarding world of Emergency Medical Services.

South Dakota EMT Certification

To become a South Dakota Certified Emergency Medical Technician (EMT), students are required to successfully complete the National Registry of EMT's psychomotor and cognitive examinations within two years of completing the course.

To be eligible to take the National Registry examinations, you must:

- Have successfully completed the EMT course
- Have successfully completed the In-Hospital/Ambulance Service Observation clinical(s)
- Have successfully completed the Vital Signs Performance Evaluation form
- Be currently certified in CPR—Healthcare Provider
- Have the Course Coordinator sign-off your course completion
- Criminal History Record - see National Registry's policy and contact the State EMS Program

National Registry Testing Process

EMT Psychomotor Exam

The practical examination is based on the National Registry of Emergency Medical Technicians Skills Sheets. The results of the practical examination remain valid for up to one year after the date it was successfully completed. Both the practical and the computer based examination must be completed within one year of each other. For instance if you pass the practical examination and you do not complete the computer based exam within one year, you will have to repeat the practical exam again. The National Registry requires that you complete both components within two years of the course completion date. If the examinee fails three or less stations on the first attempt, he/she is allowed a second attempt to pass those stations that same day. An examinee not successful on the second attempt is allowed a third attempt at a different site with a different examiner.

The failure of four or more stations during the first attempt results in a complete failure of the practical examination and requires the examinee to retest the entire practical examination at a later date with a different examiner. Prior to scheduling a second attempt, the examinee is required to provide documentation of having received remedial training.

An examinee is allowed to test a single skill a maximum of three times before retaking the entire practical examination. Failure to pass on the third attempt would require the examinee to document remedial training and retest the entire practical examination at another site.

EMT Cognitive Test (written)

An examinee is allowed three attempts to pass the computer based examination (Cognitive). A fourth attempt is allowed only after the completion of a state-approved National Standard EMT refresher course. All attempts to pass the computer based examination are to be completed within two years of the course completion and within one year of passing the practical examination.

Upon successful completion of the practical and computer based components of the National Registry examination, candidates may check their exam status within 24-48 hours on line at www.nremt.org.

EMS Applicable Laws

South Dakota has specific Administrative Rules and Codified Laws regarding the operation of ambulance services, levels of EMS providers, and functions each level can provide. You will need to become familiar with these laws as you become an EMT and start to work on an ambulance service.

Administrative Rules and Codified Laws can be found on our website at: <http://EMS.sd.gov>.

Student Responsibility and Clinical Requirements

At the end of this handbook is information that will assist you in your preparation for the final examination, along with score sheets from the National Registry of Emergency Medical Technicians. Please visit the National Registry Website for the most up-to-date information and skills sheets, as well as testing registration, etc. at www.nremt.org.

The Office of Rural Health / EMS requires that all EMT candidates complete a series of tasks prior to taking the final examinations. Some of these items you will need to show proof of to your instructor prior to receiving your course completion certificate, and to take the National Registry Psychomotor Exam (hands on skills testing), as well as when you go to take the Cognitive Examination (computerized written exam) at one of the Pearson Vue testing sites.

Items to complete and turn into your EMT Course Coordinator or Instructor, National Registry, State EMS Program, and Pearson Vue Testing Center:

- **State EMS Program**

- ◇ Go to: <http://EMS.sd.gov> and click on “Online EMT Course Initial Registration”. Click on the blue “Register” link and complete the form. If you have ever taken an EMT course in South Dakota and/or have been an EMT in the state prior, you may receive an error when creating your state account. If you receive an error, such as social security already in use or email address already in use, please call the EMS program at 605-773-4031.
- ◇ Criminal Conviction Policy - If you have been convicted of a crime, please call the State EMS Program for review/guidance at 605-773-4031. You will also need to contact the National Registry of Emergency Medical Technicians for them to review to see if you will be eligible to become a Nationally Registered EMT. National Registry certification is a requirement to gain access into South Dakota’s EMS system. For the National Registry Criminal Conviction Policy, please visit: https://www.nremt.org/nremt/about/policy_felony.asp. Please be truthful when completing your application forms.

- **National Registry of Emergency Medical Technicians**

- ◇ Go to: www.nremt.org and “Create New Account” and follow the instructions. If you have ever created an account with National Registry in the past, please do not create a new one, rather update your profile with the new EMT course number, etc. If you have problems creating or updating your account, you may contact National Registry at 614-888-4484.
- ◇ When you are ready to apply for your NREMT cognitive exam, you will go to www.nremt.org, click on the “Apply for your NREMT Exam” under “Initial Certification” and follow the instructions.
- ◇ Please refer to the National Registry’s website for the most current policies, forms, etc.

Student Responsibility and Clinical Requirements - Continued

- **Pearson Vue Testing Center**

- ◇ National Registry has contracted with Pearson Vue for the cognitive examination (computerized written exam). When you sign up to take the exam on the National Registry's website as discussed earlier, you will receive detailed instructions on the requirements of testing, directions, etc. An important note, when you arrive at your Pearson Vue testing site, you will be required to show two (2) forms of valid, unexpired identification. One must be a government-issued ID that includes a signature and permanently affixed photo (visible signature not required for valid military IDs), such as a state issued driver's license, state issued identification card, military identification card, or passport. The second ID must include your name and signature, such as your U.S. Social Security card, bank ATM/Debit or credit card.

- **Your EMT Course Coordinator and/or Primary Instructor**

- ◇ Hospital and/or Ambulance observation form.
- ◇ Vital Signs evaluation form.
- ◇ Patient Assessment form.
- ◇ Other forms/documentation as required by your Course Coordinator/Instructor(s).

In Hospital/Ambulance Observation Guidelines

A minimum of ten hours in-hospital/ambulance service observation is required of an EMT student. The observation time is documented by completing the In-Hospital/Ambulance Service Observation Form and is submitted to the Course Coordinator for recording and then returned to the student. This documentation is one of the forms an EMT student will submit to the Course Coordinator / Instructor prior to the examination.

The 10 hours are required by the time you take your final examination. You may choose to split the time with 5 hours on an ambulance and 5 hours in the hospital, or you can take all 10 hours on one or the other.

The hospital and ambulance sites agreeing to provide observation time do so voluntarily as they recognize the benefit it provides to both the student and patient. Always remember that the observation period is a privilege, not a right, and a high level of professionalism is required and expected.

When reporting for the in-hospital/ambulance service observation, please observe the following general guidelines as well as the specific guidelines required by the individual hospital/ambulance service you will be observing. Always check with your Course Coordinator or Primary Instructor as they may have additional requirements for you clinical observation time:

1. Wear clean, dark colored, comfortable dress slacks and a plain white shirt without patches or logos. Shoes are to be clean and comfortable. No jeans, T-shirts, Western style boots, or open toe shoes should be worn. Jackets would also be appropriate but without patches or logos. Always remember to dress according to weather conditions. Bring gloves, head cover, etc., if weather conditions indicate a possible need.

In Hospital/Ambulance Observation Guidelines - Continued

2. Report on time to the staff person or area designated to you. You should cancel only if absolutely necessary. If it becomes necessary to cancel, notify the appropriate people as soon as possible. It is important to remember that available ride time may be limited and rescheduling may be difficult.
3. **Maintaining patient confidentiality is mandatory.** If you are found jeopardizing the patient/provider relationship, you will be dismissed immediately from further observation time and the EMT training program.
4. Be sure to read and follow specific observation policies for the hospital/ambulance service that is providing your observation time and always follow your preceptor's directions.
5. **Never attempt to perform skills that are outside your training ability or Scope of Practice as an EMT.**

Instructor Courtesy in the Classroom

EMT classes typically have one class coordinator who oversees the course as a whole. Some will have instructors come in and teach a portion or topic that they specialize in.

Instructors put a tremendous amount of time and energy into courses before they even step into the classroom. A classroom is a formal setting in which both instructors and students have rights and responsibilities, should respect each other, and they both should do all they can to help the educational process achieve its maximum effectiveness.

There are several basic forms of etiquette that most people know. The items below may be a review for many, but please keep them under consideration throughout your course of study:

- ◆ **Attendance**-you are only afforded 3 absents per the State EMS Program throughout the entire course. Special considerations apply to situations beyond your control and are handled on an individual basis through your lead instructor.
- ◆ **Promptness**-due to the amount of material, it is imperative that you be in the classroom and ready for class before the starting time. Tardiness is an unacceptable behavior. Your instructor will provide you with their rules at the beginning of the course.
- ◆ **Breaks**-instructors are very good about scheduling breaks. Typically you will take a break every hour during the classroom portion but this is up to the lead instructor to set. If there is an emergency, politely excuse yourself from the class.
- ◆ **Class Ambience**-distractions can be very hindering to the classroom; therefore, please refrain from talking out of turn, talking to other students, arguing with the instructor, and the use of cell phones, texting, etc.
- ◆ **Classroom Interaction**-ideally there is interaction between the students and the instructor to effectively convey knowledge from one to another. You should be ready at any time to answer questions that may come up during your class. If you don't know the answer simply say so and talk about it and don't be afraid to ask a question. There is no such thing as a dumb question and typically the question you have, others also have. It is encouraged that if you have a question to raise your hand and wait to be called upon. Remember, each student has equal rights in the classroom and instructors want to answer as many questions as they can so the students have a good understanding of the topic.

Instructor Courtesy in the Classroom - Continued

- ◆ **Practical/Study Sessions**-during your EMT class, you will have a number of practical and study sessions. These sessions are very important as you will be tested on the practical component during the final examination. Please remember even though you are given all of the answers for the practical examination, you should concentrate on treating an actual patient. Once you have these skills in place you will not only be ready for the test, but you will be more confident out in the field.

STUDENT REGISTRATION WITH STATE EMS PROGRAM

Students will need to go to the EMS website at <http://EMS.sd.gov> and create their state account. This should be completed at least 2 weeks prior to the end of the course and before testing.

Below are instructions for the students to register. Please note, if a student receives an error message while trying to create their account, such as email address already in use or social security number already in use, etc., please have the student call the state EMS Office at 605-773-4031.

- 1) Go to: <http://EMS.sd.gov>
- 2) Click on “Online EMT Course Initial Registration”

Online EMT Course Initial Registration - This replaces the bubble forms used at course openings. Typically, bubble forms were used to register students within SDOEMS system during a course opening. Now, using this link, it can be done online.

- 3) Click on the blue “Register” link

[Register](#) to get started and obtain a login.

- 4) Fill in all boxes and click “Register”

First Name: <input type="text"/>	Middle Initial: <input type="text"/>	Last Name: <input type="text"/>
Requested Level: <input type="text" value="EMT"/>	SSN: <input type="text"/>	Date of Birth: <input type="text"/>
Certification Type: <input type="text" value="MR Test"/>	Email: <input type="text"/>	
Password: <input type="text"/>		
Password Again: <input type="text"/>		
<input type="button" value="Register"/> <input type="button" value="Cancel"/>		

EMS Students!

Follow These Steps to Take The NREMT Exam



Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1: Create Your Account

- Go to nremt.org and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Read this to avoid delay! Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

Read this to avoid delay! An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

Read this to avoid delay! You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

Read this to avoid delay! Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

- **Read this to avoid delay!**
 - You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
 - Refunds cannot be issued for no-shows.
 - If you arrive late for your exam, you may lose your appointment!

**Additional informational can be found on the NREMT instructional DVD.
Ask your instructor for more information or visit the NREMT website at www.NREMT.org.**

Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the NREMT website for the most current policies and procedures.
Release date 11/06 Revised 6/07



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible	Points
	Points	Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- ___ Did not take or verbalize appropriate body substance isolation precautions
- ___ Did not administer high concentration of oxygen
- ___ Did not control hemorrhage using correct procedures in a timely manner
- ___ Did not indicate the need for immediate transportation
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

BVM VENTILATION OF AN APNEIC PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."			
Opens airway properly		1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."			
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]		1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Actual Time Ended: _____		TOTAL	17

CRITICAL CRITERIA

- ___ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to suction airway **before** ventilating the patient
- ___ Suctions the patient for an excessive and prolonged time
- ___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- ___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ 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 [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
NOTE: The examiner must now inform the candidate, "The patient is unresponsive."		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."		
Checks carotid pulse [no more than 10 seconds]	1	
NOTE: The examiner must now inform the candidate, "The patient is pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ____ Failure to take or verbalize appropriate body substance isolation precautions
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ____ Failure to immediately resume compressions after shock delivered
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the bone above and below the injury site
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
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 distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the joint above and the joint below the injury site
- _____ Did not immobilize the hand or foot in a position of function
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 15 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to determine scene safety before approaching patient
- ___ Failure to voice and ultimately provide appropriate oxygen therapy
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ___ Orders a dangerous or inappropriate intervention
- ___ Failure to provide accurate report to arriving EMS unit
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
TOTAL	11	

Actual Time Ended: _____

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to assemble the oxygen tank and regulator without leaks
- ___ Failure to prefill the reservoir bag
- ___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ___ Failure to assure a tight mask seal to patient's face
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved patient excessively causing potential spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Device moves excessively up, down, left or right on the patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____		
TOTAL	14	

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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

In-Hospital/Ambulance Service Observation Form

(Submit to Course Coordinator)

This is to verify that _____ from _____
(course location) has completed _____ hours of the required ten (10) hour
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor & Title _____

Observation Supervisor's Signature _____

This is to verify that _____ from _____
(course location) has completed _____ hours of the required ten (10) hour
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor & Title _____

Observation Supervisor's Signature _____

This is to verify that _____ from _____
(course location) has completed _____ hours of the required ten (10) hour
In-Hospital/Ambulance Service Observation of the EMT Course.

Observation Site _____

Observation Supervisor & Title _____

Observation Supervisor's Signature _____

Vital Signs Performance Evaluation Form

(Submit to Course Coordinator)

Student's Name _____

The purpose of this evaluation is to assure that the student can demonstrate the ability to take a blood pressure, pulse, and respirations within the specified limits. An EMT, registered nurse, licensed practical nurse, physician's assistant, or Medical Doctor is required to check the student's readings for accuracy. Each student will take vitals on three patients and record measurements within the specified limits as indicated below:

Blood Pressure: +/- 5 mmHg

Pulse: +/- 4

Respirations: +/- 2

This form must be fully completed. **Medical personnel conducting the evaluation should enter all readings on this form.**

The student should keep their readings on a scratch sheet until all patients have been monitored. Student readings should then be given to the examiner to be recorded below.

At this time, the readings are compared and it is determined whether additional evaluation is needed. If a student is evaluated more than once, all forms must be turned in.

	Patient #1	Patient #2	Patient #3
	Examiner/Student	Examiner/Student	Examiner/Student
A. Blood Pressure	_____/____	_____/____	_____/____
B. Pulse	_____/____	_____/____	_____/____
C. Respirations	_____/____	_____/____	_____/____

Evaluator's Signature

Evaluator's Title (i.e., EMT, LPN, RN, PA, MD, or Other)

Evaluation Date _____

