

**Indiana Emergency Medical Services Commission  
EMT-B Practical Examination Report Form**

**PLEASE PRINT CLEARLY!**

Course Number: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Initial SSN

Address \_\_\_\_\_  
Street City State Zip Code

Training Institution: \_\_\_\_\_

Exam Site: \_\_\_\_\_ Date: \_\_\_\_\_

Attempt: \_\_\_\_\_ Attempt: \_\_\_\_\_

Station #1	Patient Assessment/Management - Trauma	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #2	Patient Assessment/Management - Medical	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #3	Cardiac Arrest Management/AED	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #4	Bag-Valve-Mask Apneic Patient/Combitube	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #5	Spinal Immobilization (Seated)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #6	Spinal Immobilization (Supine)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Station #7	Random Skill <small>(Specify)</small>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Candidates failing three (3) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations, constitutes a complete failure of the practical examination. A complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examinations attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process.

**NOTE:** You have one (1) year to successfully complete all phases of the certification examination process from your initial recertification testing attempt or EMT-B course completion date. If incomplete or unsuccessful, you must complete a new EMT-B training program to be eligible for future testing for certification. Test results will take up to six (6) weeks.

By my signature below, I acknowledge that I have read, understand, and agree to the Indiana EMT-B Pass/Fail testing criteria listed above.

EMT-B Candidate: \_\_\_\_\_  
(Legal Signature)

Representatives Comments:

Representative Signature: \_\_\_\_\_

**Indiana EMT-B Practical Skills Examination**  
**Patient Assessment/Management - Trauma**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin color, temperature and condition	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment ( <i>focused or rapid assessment</i> )		1	
Obtains, or directs assistance to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately 1 point for <b>appropriate management of the secondary injury/wound</b>		1	
Verbalizes re-assessment of the vital signs		1	
<b>Total:</b>		<b>40</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not assess for spinal protection
- \_\_\_\_\_ Did not provide for spinal protection when indicated
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transport versus continued assessment at the scene
- \_\_\_\_\_ Did not do detailed physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not transport patient within (10) minute time limit

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

# Indiana EMT-B Practical Skills Examination

## Patient Assessment/Management - Medical

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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Signs and symptoms <i>(Assess history of present illness)</i>	1																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;"><input type="checkbox"/> Respiratory</th> <th style="width: 12.5%;"><input type="checkbox"/> Cardiac</th> <th style="width: 12.5%;"><input type="checkbox"/> Altered Mental States</th> <th style="width: 12.5%;"><input type="checkbox"/> Allergic Reaction</th> <th style="width: 12.5%;"><input type="checkbox"/> Poisoning/Overdose</th> <th style="width: 12.5%;"><input type="checkbox"/> Environmental Emergency</th> <th style="width: 12.5%;"><input type="checkbox"/> Obstetrics</th> <th style="width: 12.5%;"><input type="checkbox"/> Behavioral</th> </tr> </thead> <tbody> <tr> <td>*Onset?</td> <td>*Onset?</td> <td>*Description of the episode.</td> <td>*History of allergies?</td> <td>*Substance?</td> <td>*Source?</td> <td>*Are you pregnant?</td> <td>*How do you feel?</td> </tr> <tr> <td>*Provokes?</td> <td>*Provokes?</td> <td>*Onset?</td> <td>*What were you exposed to?</td> <td>*When did you ingest/become exposed?</td> <td>*Environment?</td> <td>*How long have you been pregnant?</td> <td>*Determine suicidal tendencies.</td> </tr> <tr> <td>*Quality?</td> <td>*Quality?</td> <td>*Duration?</td> <td>*How were you exposed?</td> <td>*How much did you ingest?</td> <td>*Duration?</td> <td>*Pain or contractions?</td> <td>*Is the patient a threat to self or others?</td> </tr> <tr> <td>*Radiates?</td> <td>*Radiates?</td> <td>*Associated Symptoms?</td> <td>*Effects?</td> <td>*Over what time period?</td> <td>*Loss of consciousness?</td> <td>*Bleeding or discharge?</td> <td>*Is there a medical problem?</td> </tr> <tr> <td>*Severity?</td> <td>*Severity?</td> <td>*Evidence of Trauma?</td> <td>*Progression?</td> <td>*Interventions?</td> <td>*Effects - general or local?</td> <td>*Do you feel the need to push?</td> <td>*Interventions?</td> </tr> <tr> <td>*Time?</td> <td>*Time?</td> <td>*Interventions?</td> <td>*Interventions?</td> <td>*Estimated weight?</td> <td></td> <td>*Last menstrual period?</td> <td></td> </tr> <tr> <td>*Interventions?</td> <td>*Interventions?</td> <td>*Seizures?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>*Fever?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental States	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Behavioral	*Onset?	*Onset?	*Description of the episode.	*History of allergies?	*Substance?	*Source?	*Are you pregnant?	*How do you feel?	*Provokes?	*Provokes?	*Onset?	*What were you exposed to?	*When did you ingest/become exposed?	*Environment?	*How long have you been pregnant?	*Determine suicidal tendencies.	*Quality?	*Quality?	*Duration?	*How were you exposed?	*How much did you ingest?	*Duration?	*Pain or contractions?	*Is the patient a threat to self or others?	*Radiates?	*Radiates?	*Associated Symptoms?	*Effects?	*Over what time period?	*Loss of consciousness?	*Bleeding or discharge?	*Is there a medical problem?	*Severity?	*Severity?	*Evidence of Trauma?	*Progression?	*Interventions?	*Effects - general or local?	*Do you feel the need to push?	*Interventions?	*Time?	*Time?	*Interventions?	*Interventions?	*Estimated weight?		*Last menstrual period?		*Interventions?	*Interventions?	*Seizures?								*Fever?							
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Allergies	1																																																																									
Medications	1																																																																									
Past pertinent history	1																																																																									
Last oral intake	1																																																																									
Event leading to present illness (rule out trauma)	1																																																																									
Performs focused physical examination <i>(assesses affected body part/system or, if indicated, completes rapid assessment)</i>	1																																																																									
Vitals (obtains baseline vital signs)	1																																																																									
Interventions <i>(obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)</i> <span style="float: right;"><i>See Supplemental Sheet</i></span>	1																																																																									
Transport (re-evaluates the transport decision)	1																																																																									
Verbalizes the consideration for completing a detailed physical examination	1																																																																									
<b>ONGOING ASSESSMENT (verbalized)</b>																																																																										
Repeats initial assessment	1																																																																									
Repeats vital signs	1																																																																									
Repeats focused assessment regarding patient complaint or injuries	1																																																																									
<b>Critical Criteria</b>	<b>Total:</b>	<b>30</b>																																																																								

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not obtain medical direction or verbalize standing orders for medical intervention
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did detailed or focused history/physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not ask questions about the present illness
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

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

# Indiana Practical Skills Examination

## Cardiac Arrest Management/AED

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
<b>ASSESSMENT</b>		
Takes, or verbalizes, body substance isolation precautions	1	
Briefly questions the rescuer about arrest events	1	
Directs rescuer to stop CPR	1	
Verifies absence of spontaneous pulse <b>(skill station examiner states "no pulse")</b>	1	
Directs resumption of CPR	1	
Turns on defibrillator power	1	
Attaches automated defibrillator to the patient	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Initiates analysis of the rhythm	1	
Delivers shock (up to three successive shocks)	1	
Verifies absence of spontaneous pulse <b>(skill station examiner states "no pulse")</b>	1	
<b>TRANSITION</b>		
Directs resumption of CPR	1	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR (ventilation and compressions)	1	
<b>INTEGRATION</b>		
Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)	1	
Ventilates, or directs ventilation of, the patient	1	
Assures high concentration of oxygen is delivered to the patient	1	
Assures CPR continues without unnecessary/prolonged interruption	1	
Re-evaluates patient/CPR in approximately one minute	1	
Repeats defibrillator sequence	1	
<b>TRANSPORTATION</b>		
Verbalizes transportation of patient	1	
<b>Total:</b>	<b>21</b>	

### Critical Criteria

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not evaluate the need for immediate use of the AED
- \_\_\_\_\_ Did not direct initiation/resumption of ventilation/compressions at appropriate times
- \_\_\_\_\_ Did not assure all individuals were clear of patient before delivering each shock
- \_\_\_\_\_ Did not operate the AED properly (inability to deliver shock)
- \_\_\_\_\_ Prevented the defibrillator from delivering indicated stacked shocks

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

**Indiana Practical Skills Examination**  
**SPINAL IMMOBILIZATION**  
**(SEATED PATIENT)**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory function 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 board	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
<b>Total:</b>	<b>12</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not immediately direct, or take, manual immobilization of the head
- \_\_\_\_\_ Released, or ordered release of, manual immobilization before it was maintained mechanically
- \_\_\_\_\_ Patient manipulated, or moved excessively, causing potential spinal compromise
- \_\_\_\_\_ Device moved 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 the neutral position
- \_\_\_\_\_ Did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board
- \_\_\_\_\_ Immobilized head to the board before completely securing the torso

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

**Indiana Practical Skills Examination**  
**SPINAL IMMOBILIZATION**  
**(SUPINE PATIENT)**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses 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 board 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	
<b>Total:</b>	<b>14</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not immediately direct, or take, manual immobilization of the head
- \_\_\_\_\_ Released, or ordered release of, manual immobilization before it was maintained mechanically
- \_\_\_\_\_ Patient manipulated, or moved excessively, causing potential spinal compromise
- \_\_\_\_\_ Patient moves excessively up, down, left or right on the patient's torso
- \_\_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_\_ Upon completion of immobilization, head is not in the neutral position
- \_\_\_\_\_ Did not assess motor, sensory and circulatory function in each extremity after immobilization to the device
- \_\_\_\_\_ Immobilized head to the board before completely securing the torso

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

# DUAL LUMEN AIRWAY DEVICE

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by\*\*\*\* as long as first ventilation is delivered within 30 seconds.*

Possible Points	Points Awarded
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Takes or verbalizes body substance isolation precautions		1	
Opens the airway manually		1	
Elevates tongue, inserts simple adjunct (either oropharyngeal or nasopharyngeal airway)		1	
<b>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct</b>			
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen		1	
**Hyperventilates patient with room air		1	
<b>NOTE: Examiner now informs candidate That ventilation is being performed without difficulty</b>			
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 liters/min.)		1	
Ventilates patient at a rate of 10-20/min. and volumes of at least 800 ml		1	
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a dual lumen airway. The examiner must now take over ventilation.</b>			
Directs assistant to hyperventilate patient		1	
Checks/prepares airway device		1	
Lubricates distal tip of the device (may be verbalized)		1	
<b>NOTE: Examiner to remove OPA and move out of way when candidate is prepared to insert device</b>			
Positions the head properly		1	
Performs a tongue-jaw lift		1	
USES COMBITUBE	USES PTL		
Inserts device in mid-line and to depth so printed ring is at level of teeth	Inserts device in mid-line until bite block flange is at level of teeth	1	
Inflates pharyngeal cuff with proper volume and removes syringe	Secures strap	1	
Inflates distal cuff with proper volume and removes syringe	Blows into tube #1 to adequately inflate both cuffs	1	
Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
<b>NOTE: The examiner states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."</b>			
Attaches/directs attachment of BVM to the second (endotracheal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
<b>NOTE: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.</b>			
Secures device or confirms that the device remains properly secured		1	
<b>Total:</b>		<b>20</b>	

## CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_\_ Failure to take or verbalize body substance isolation precautions
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations (at least 85%)
- \_\_\_\_\_ Failure to ventilate patient at rate of at least 10/minute
- \_\_\_\_\_ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- \_\_\_\_\_ Failure to hyperventilate patient prior to placement of the dual lumen airway device
- \_\_\_\_\_ Failure to insert the dual lumen airway device at a proper depth or at either proper place within 3 attempts
- \_\_\_\_\_ Failure to inflate both cuffs properly
- \_\_\_\_\_ **Combitube** - failure to remove the syringe immediately after inflation of each cuff
- \_\_\_\_\_ **PTL** - failure to secure the strap prior to cuff inflation
- \_\_\_\_\_ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient

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

**Indiana Practical Skills Examination**  
**MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate (Observes proper rise and fall of the chest with 10-20 breaths per minute ratio)	1	
Connects the mask to high concentration of oxygen	1	
Adjusts flow rate to at least 15 liters per minute	1	
Continues ventilation of the patient at the proper volume and rate (Proper rise and fall of the chest with 10-20 breaths per minute ratio)	1	
<b>Note: The examiner must witness ventilations for at least 30 seconds</b>		
<b>Total:</b>	<b>8</b>	

**Critical Criteria**

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions  
**(including failure to connect one-way valve to mask)**

\_\_\_\_\_ Did not adjust liter flow to at least 15 liters per minute

\_\_\_\_\_ Did not provide proper volume per breath  
**(more than 2 inadequate ventilations per minute)**

\_\_\_\_\_ Did not ventilate the patient at a rate of 10-20 breaths per minute

\_\_\_\_\_ Did not allow for complete exhalation

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



**Indiana Practical Skills Examination**

**IMMOBILIZATION SKILLS  
(LONG BONE INJURY)**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
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 motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
<b>Total:</b>	<b>10</b>	

**Critical Criteria**

\_\_\_\_\_ Grossly moves the injured extremity

\_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site

\_\_\_\_\_ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting

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

**Indiana Practical Skills Examination**

**IMMOBILIZATION SKILLS**

(JOINT INJURY)

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the shoulder injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
<b>Total:</b>	<b>8</b>	

**Critical Criteria**

\_\_\_\_\_ Did not support the joint so that the joint did not bear distal weight

\_\_\_\_\_ Did not immobilize the bone above and below the injured site

\_\_\_\_\_ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting

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

**Indiana Practical Skills Examination**

**IMMOBILIZATION SKILLS  
(TRACTION SPLINTING)**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injured leg	1	
Directs application of manual traction	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
Prepares/adjusts splint to the proper length	1	
Positions the splint next to the injured leg	1	
Applies the proximal securing device (e.g... ischial strap)	1	
Applies the distal securing device (e.g... ankle hitch)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<b><i>Note: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i></b>		
<b><i>Note: The examiner must ask the candidate how he/she would prepare the patient for transportation</i></b>		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
<b>Total:</b>	<b>14</b>	

**Critical Criteria**

- \_\_\_\_\_ Loss of traction at any point after it was applied
- \_\_\_\_\_ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting
- \_\_\_\_\_ The foot was excessively rotated or extended after splint was applied
- \_\_\_\_\_ Did not secure the ischial strap before taking traction
- \_\_\_\_\_ Final immobilization failed to support the femur or prevent rotation of the injured leg
- \_\_\_\_\_ Secured the leg to the splint before applying mechanical traction

**Note:** If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied. If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

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

**Indiana Practical Skills Examination**  
**OXYGEN ADMINISTRATION**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Assembles the regulator to the tank	1	
Opens the tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches non-rebreather mask to oxygen	1	
Prefills reservoir	1	
Adjusts liter flow to twelve (12) liters per minute or greater	1	
Applies and adjusts the mask to the patient's face	1	
<b><i>Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient.</i></b>		
Applies nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient	1	
<b><i>Note: The examiner must advise the candidate to discontinue oxygen therapy</i></b>		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
<b>Total:</b>	<b>15</b>	

**Critical Criteria**

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not assemble the tank and regulator without leaks

\_\_\_\_\_ Did not prefill the reservoir bag

\_\_\_\_\_ Did not adjust the device to the correct liter flow for the non-rebreather mask  
(12 liters per minute or greater)

\_\_\_\_\_ Did not adjust the device to the correct liter flow for the nasal cannula

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

**Indiana Practical Skills Examination**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b><i>Note: The examiner must now inform the candidate that the wound continues to bleed.</i></b>		
Applies an additional dressing to the wound	1	
<b><i>Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</i></b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b><i>Note: The examiner must now inform the candidate that the bleeding is controlled.</i></b>		
Bandages the wound	1	
<b><i>Note: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.</i></b>		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
<b>Total:</b>	<b>10</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not apply high concentration of oxygen
- \_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control
- \_\_\_\_\_ Did not control hemorrhage in a timely manner
- \_\_\_\_\_ Did not indicate a need for immediate transportation

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

**Indiana Practical Skills Examination**  
**AIRWAY, OXYGEN AND VENTILATION SKILLS**  
**UPPER AIRWAY ADJUNCTS AND SUCTION**

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

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

**OROPHARYNGEAL AIRWAY**

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Selects appropriately sized airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<b>Note: The examiner must advise the candidate that the patient is gagging and becoming conscious.</b>		
Removes the oropharyngeal airway	1	

**SUCTION**

<b>Note: The examiner must advise the candidate to suction the patient's airway.</b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts the suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

**NASOPHARYNGEAL AIRWAY**

<b>Note: The examiner must advise the candidate to insert a nasopharyngeal airway.</b>		
Selects appropriately sized airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
<b>Total:</b>	<b>13</b>	

**Critical Criteria**

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not obtain a patent airway with the oropharyngeal airway
- \_\_\_\_\_ Did not obtain a patent airway with the nasopharyngeal airway
- \_\_\_\_\_ Did not demonstrate an acceptable suction technique
- \_\_\_\_\_ Inserted any adjunct in a manner dangerous to the patient

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