

EMR SKILL PORTFOLIO

NAME

COURSE NUMBER

END DATE

Preparatory Competencies

	Demonstrates Correctly	QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
P 1	PPE: Select, Don, Doff & Safely Discard	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 2	Level of Consciousness: AVPU	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 3	Patent Airway: Evaluate Breathing-Rate and Quality	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 4	Pulse: Obtain rate and Characteristics	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 5	Assess Capillary Refill	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 6	Assess Pupillary Response	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 7	Assess Skin Condition	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 8	SAMPLE History	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
P 9	Blood Pressure: Obtain Manually	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date

Airway, Oxygen and Ventilation Competencies

Demonstrates Correctly		Min. QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
A 1	Airway Adjunct – Oral	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 2	Ventilate a patient: Bag-Valve-Mask (BVM)	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 3	Open an Airway: Head tilt-chin lift	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 4	Open an airway: Jaw-thrust maneuver	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 5	Ventilate a patient: Mouth-to-barrier	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 6	Ventilate a patient: Mouth-to-mask	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 7	Ventilate a patient: Mouth-to-mouth	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 8	Ventilate a patient: Mouth-to-nose	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 9	Ventilate a patient: Mouth-to-stoma	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 10	Airway obstruction – manual dislodgement techniques	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 11	Oxygen Therapy: Nasal Cannula	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 12	Oxygen Therapy: Non-rebreather Mask	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
A 13	Suctioning Upper airway	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date

Cardiovascular and Circulatory Competencies

Demonstrates Correctly		Min. QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
C 1	Cardiopulmonary Resuscitation	2	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		Name	Date
C 2	CPR: Child	2	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		Name	Date
C 3	CPR: Infant	2	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____		Name	Date
C 4	AED: Defibrillation	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
C 5	Hemorrhage control: Direct Pressure	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
C 6	Hemorrhage control: Tourniquet	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
C 7	Hemorrhage control: Bandaging an open wound	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
C 8	Hemorrhage control: Wound Packing	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date

Trauma: Splinting and Spinal Motion Restriction (SMR)

Demonstrates Correctly		Min. QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
T 1	Manual cervical stabilization	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 2	Cervical collar (C-collar) Application	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 3	Long spine board	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 4	Extremity stabilization – manual	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 5	Extremity splinting Long bone	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 6	Extremity splinting Joint	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date
T 7	Emergency moves for endangered patients	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date

Medications and Miscellaneous

Medications and Miscellaneous									
	Demonstrates Correctly	QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification		
M 1	Medication Administration Intramuscular (auto-injector)	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 2	-auto-injector antidotes for chemical/hazmat exposures	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 3	-opioid antagonist auto-injector for suspected opioid overdose	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 4	Medication Administration Intranasal (unit-dosed, premeasured)	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 5	-opioid antagonist for suspected opioid overdose	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 6	Assisted delivery (normal childbirth)	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 7	Eye irrigation	4	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 8	Patient assessment – Trauma Patient	6	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
					<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
M 9	Patient assessment – Medical Patient	6	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	
					<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	<input type="checkbox"/> Pass Initials _____ <input type="checkbox"/> Fail _____	Name	Date	