

# EMT SKILL PORTFOLIO

*NAME*

*- EMT Course*

## 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	Approach: Scene Safety	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	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 4	Patent Airway: Evaluate Breathing-Rate, Quality, Character	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	Blood Pressure: Obtain with +/- 10 of Evaluator 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
P 6	Blood Pressure: Obtain Automated	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	Pulse: Obtain with +/- 2 of Evaluator; 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 8	Pupillary Response: Describe	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	Capillary Refill: Within Limits-Describe	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 10	Skin Condition: Describe; Assess for Bleeding	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 11	SAMPLE History: Obtain	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 12	Pre-hospital Care Report: Complete Written Report	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 13	Patient Hand-Off Report: Verbalize Information	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 14		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 15		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

P14-15 May be used for addition of skills evaluated other than those listed.

## Airway, Oxygen and Ventilation Competencies

	Demonstrates Correctly	QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
A 1	Airway: Establish using 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 2	Airway: Establish using Jaw Thrust	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	Ventilate: Barrier/Mask; Mouth, Nose, 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 4	Ventilate: Bag-Valve-Mask with O <sub>2</sub>	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	Oral Airway: Select & Insert	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	Nasal Airway: Select & Insert	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	Supraglottic Airway (BIAD): Select, Insert, and Verify Placement	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	Breath Sounds: Auscultate Appropriate Fields; Describe	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	Suction Airway: Whistle Tip & Yankauer; Procedure	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	Oxygen Delivery: Assemble Tank & Flowmeter/Gauge	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; Various Masks	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	ETC0 <sub>2</sub> Monitoring	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	CPAP: Indications & Procedure	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 14	Pulse Oximetry: Interpret Reading	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 15	Obstructed Airway: Adult, Child, Infant	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 16	Secure an Endotracheal Tube inserted by Paramedic	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 17		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

A17 May be used for addition of skills evaluated other than those listed.

## Cardiovascular and Circulatory Competencies

Demonstrates Correctly		QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
C 1	CPR: Adult	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 2	CPR: Child	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 3	CPR: Infant	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 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	Cardiac Monitoring: Lead Placement	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	Cardiac Monitoring: ECG Acquisition & Transmission	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	Mechanical CPR Device: Placement & Utilization	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	Shock: Recognition & Management	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 9	Hemorrhage Control: Direct Pressure & Pressure Bandage	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 10	Wound Dressing: Bandaging 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
C 11	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 12	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
C 13	Sucking Wound Care: Chest & Neck	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 14	Wound Care: Evisceration	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 15	Eye Injuries: Bandage	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 16	Telemetric monitoring devices	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 17		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

C17 May be used for addition of skills evaluated other than those listed.

## Trauma: Splinting and Spinal Motion Restriction (SMR); Lift & Move; and Package & Transport Competencies

Demonstrates Correctly		QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
T 1	Patient Assessment: Trauma	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	Stabilization: Extremity, 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 3	Splinting: Long Bone-Arm & Leg	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	Splinting: Joint-Wrist, Elbow, Knee, & Ankle	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	Traction Splint: Lower Extremity	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	Cervical Injury: Manual 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 7	Cervical Injury: Cervical 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 8	Seated SMR: KED 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 9	Log Roll: Long Spine Board 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 10	Scoop Stretcher: 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 11	Lifting & Moving Techniques: Body Mechanics	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 12	Moving 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
T 13	Amputation Care: Amputation & Amputated Part	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 14	Burn Care: Rule of Nines; Care & Management	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 15	Eye Injuries: 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
T 16	Ambulance Stretcher: Secure Patient & Operate	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 17	Stair Chair: Secure Patient & Operate	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 18	Transport Decision: Management During	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

## Medical Emergencies Including Pediatric, Gynecologic and Obstetric Competencies

	Demonstrates Correctly	QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
M 1	Patient Assessment: Medical	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	Blood Glucometer: Use & Interpret Findings	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	Childbirth: Assist Uncomplicated Delivery	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	Childbirth: Assist Complicated Delivery	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	Newborn: APGAR Score 1 & 5 Minutes	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	Newborn: Care Management	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	Mechanical Restraints: Procedure & Evaluation	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		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 9		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 10		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 11		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 12		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 13		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 14		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 15		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

M8-15 May be used for addition of skills evaluated other than those listed.

## Drug/Medication Administration Competencies

Demonstrates Correctly		QTY	Peer Evaluation 1	Peer Evaluation 2	Instructor Evaluation 1	Instructor Evaluation 2	Instructor Competency Verification	
D 1	Saline Lock Management: Dislodged	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
D 2	Rights of Medication Administration: Verbalized	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
D 3	Oral Administration: Analgesics (Aspirin, etc)	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
D 4	Oral/Buccal Administration: Glucose Gel	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
D 5	Sublingual Administration: Nitroglycerin (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
D 6	Epinephrine: Auto-Injector (EpiPen)	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
D 7	Antidote Auto-Injector: procedure (chemical or Hazmat poisoning)	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
D 8	Narcan Intranasal: Procedure	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
D 9	Metered Dose Inhaler Med Delivery: Procedure (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
D 10	Nebulized Medication Delivery: Albuterol	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
D 12	Intramuscular Injection: Draw & Administer- Procedure	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
D 13		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
D 14		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
D 15		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
D 16		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

D13-16 May be used for addition of skills evaluated other than those listed.