

National Registry of Emergency Medical Technicians $^{\!\otimes}$ Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT - MEDICAL

| Candidate: | Examiner: | | |
|---|---|--------------------|-------------------|
| Date: | Signature: | | |
| Scenario# | | | |
| Actual Time Started: | | Possible Points | Points Awarded |
| Takes or verbalizes appropriate PPE precautions | | 1 | |
| SCENE SIZE-UP | | | |
| Determines the scene/situation is safe | | 1 | |
| Determines the mechanism of injury/nature of illness | | 1 | |
| Requests additional EMS assistance if necessary | | 1 | |
| Considers stabilization of the spine | | 1 | |
| PRIMARY SURVEY/RESUSCITATION | | 4 | |
| Determines responsiveness/level of consciousness (AVPU) | | 1 | |
| Determines chief complaint/apparent life-threats | | 1 | |
| Assesses airway and breathing | 1-10-1 | 3 | |
| -Assessment (1 point) -Assures adequate ventilation (1 point) Assesses circulation | -Initiates appropriate oxygen therapy (1 point) | | |
| -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) | | 3 | |
| -Assesses skin [either skin color, temperature or condition] (1 point) | | 3 | |
| Identifies patient priority and makes treatment/transport decision | | 1 | |
| HISTORY TAKING | | ı | |
| History of the present illness | | | |
| | -Severity (1 point) | | |
| | -Time (1 point) | 8 | |
| -Clarifying questions of associated signs and symptoms related to OPQRS | | | |
| Past medical history | (| | |
| · · · · · · · · · · · · · · · · · · · | -Events leading to present illness (1 point) | 5 | |
| -Medications (1 point) -Last oral intake (1 point) | , | | |
| SECONDARY ASSESSMENT | | | |
| Assesses affected body part/system | | | |
| -Cardiovascular -Neurological -Integumenta | ry -Reproductive | 5 | |
| -Pulmonary -Musculoskeletal -GI/GU | -Psychological/Social | | |
| 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 change | es in condition | 1 | |
| Provides accurate verbal report to arriving EMS unit | | 1 | |
| Actual Time Ended: | TOTAL | 40 | |
| CRITICALCRITERIA | | | |
| Failure to initiate or call for transport of the patient within 15 minute time | limit | | |
| Failure to take or verbalize appropriate PPE 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 EMR | | | |
| 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.