

**2012 CBT 445-EMT12 Upper Body Trauma**  
EMERGENCY MEDICAL SERVICES (11/21/2011) MH

**SKILLS CHECKLIST**  
FOR RECERTIFICATION

CBT 445-EMT12 Upper Body Trauma  
Student Name  
Recent Yes No  
Date  
Written Score  
(online / other)

<b>NAME</b> <small>PRINT STUDENT'S NAME</small>	<b>ID #</b>	<b>DATE</b>
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**Objective:** Given a partner(s), proper equipment and a patient with upper body trauma, demonstrate appropriate assessment and treatment as outlined in CBT 445-EMT12 and EMT Patient Care Guidelines.

**SCENE SIZE-UP** (must verbalize)

<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources
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**INITIAL ASSESSMENT** (must verbalize)

<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK	

**SUBJECTIVE (FOCUSED HISTORY)**

- Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual)
- Determines patient's chief complaint and *appreciates MOI*
- Follows **SAMPLE** and **OPQRST** investigation (if possible)
- Obtains names/dosages of current medications (if possible...to include anti-coagulants)

**OBJECTIVE (PHYSICAL EXAM)**

- Records and documents **baseline vital signs**
- Performs appropriate **medical / trauma exam** - exposes/checks for bleeding and/or injuries
- Notes/records any **neurologic deficits**
- Obtains second set of vital signs and compares to baseline

**ASSESSMENT (IMPRESSION)**

- Verbalizes **Impression** (appreciates *MOI*)
- Determines if **ALS** is needed — states rationale \_\_\_\_\_

**PLAN (TREATMENT)**

**GENERAL CARE** (Check all that apply)

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|--|--|
| <input type="checkbox"/> Indicates need for <b>ALS and/or Immediate transport</b> (SICK)             | <input type="checkbox"/> Properly positions patient            |
| <input type="checkbox"/> Reports <b>APS</b> to Dispatch  | <input type="checkbox"/> Performs proper spinal immobilization |
| <input type="checkbox"/> Immediately <b>stabilizes</b> the head in a <b>neutral in-line</b> position | <input type="checkbox"/> Prevents pt. heat loss                |
| <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)   | <input type="checkbox"/> <b>Monitors</b> patient vital signs   |
| <input type="checkbox"/> Applies <b>dressing/bandage</b> to wound (as indicated)                     | <input type="checkbox"/> Considers <b>MOI, IOS</b>             |
|  | <input type="checkbox"/> <b>Glucometry</b> (if indicated)      |
|  | <input type="checkbox"/> <b>Oximetry</b>                       |
|  | <input type="checkbox"/> Performs pt. <b>reassessment</b>      |

**CRITICAL (FAIL) CRITERIA**

**DID NOT...**

- Take/verbalize **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Properly administers **oxygen**
- Indicate need for **ALS and/or Immediate transport** (SICK)

**COMMUNICATION AND DOCUMENTATION**

- Delivers timely and effective **short report** (if indicated)
- Completes **SOAP** narrative portion of incident response form

**MEETS STANDARDS (RECERT)**

YES     NO  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>	<small>IF NO EXPLAIN</small>
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