

2012 CBT 450-EMT 12 Endocrine Emergencies  
EMERGENCY MEDICAL SERVICES (11/21/2011) MH

**SKILLS CHECKLIST**  
FOR RECERTIFICATION

CBT 450-EMT 12 Endocrine Emergencies

Student Name

Recert 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, appropriate equipment and a patient with an endocrine emergency, demonstrate appropriate assessment and treatment as outlined in CBT 450-EMT 12 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 follows SAMPLE and OPQRST investigation
- Determines time of onset of complaint, signs or symptoms
- Obtains names/dosages of current medications and were any taken

**OBJECTIVE (PHYSICAL EXAM)**

- Records and documents baseline vital signs - confirms patient's ability to swallow (as indicated)
- Performs appropriate medical / trauma exam – exposes/checks for bleeding and/or injuries
- Performs blood glucometry and records findings (if trained to do so)
- Obtains second set of vital signs and compares to baseline

**ASSESSMENT (IMPRESSION)**

- Verbalizes impression (i.e.: hypoglycemia)
- Determines if ALS is needed — states rationale \_\_\_\_\_

**PLAN (TREATMENT)**

<p><b>GENERAL CARE</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK)</li> <li><input type="checkbox"/> Reports <b>APS</b> to Dispatch</li> <li><input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated)</li> <li><input type="checkbox"/> Properly positions patient</li> <li><input type="checkbox"/> Performs blood glucometry records: (findings/time [Pre/Post])</li> <li><input type="checkbox"/> Provides oral glucose (if indicated)</li> <li><input type="checkbox"/> Monitors patient vital signs</li> <li><input type="checkbox"/> Considers Index of Suspicion</li> <li><input type="checkbox"/> Oximetry</li> <li><input type="checkbox"/> Follows proper "after-care" procedures (if indicated)</li> <li><input type="checkbox"/> Performs pt. reassessment</li> </ul>	<p><b>CRITICAL (FAIL) CRITERIA</b></p> <p><b>DID NOT...</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take/verbalize BSI</li> <li><input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock</li> <li><input type="checkbox"/> Properly administers oxygen</li> <li><input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)</li> </ul>
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**COMMUNICATION AND DOCUMENTATION**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Delivers timely and effective short report (if indicated)</li> <li><input type="checkbox"/> Completes SOAP narrative portion of incident response form</li> </ul>	<p><b>MEETS STANDARDS (RECERT)</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>2<sup>nd</sup> ATTEMPT</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF NO EXPLAIN _____</p>
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<small>PRINT EVALUATOR'S NAME</small>	<small>EVALUATOR'S SIGNATURE</small>	<small>EVALUATOR ID #</small>
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