**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES**
**BUREAU OF EMS, TRAUMA AND PREPAREDNESS**
**EMS SECTION**
**201 TOWNSEND STREET**
**LANSING, MI 48913**

# REQUIREMENTS:

## MEDICAL FIRST RESPONDER EDUCATION PROGRAM

INITIAL

And

REFRESHER

Medical First Responder programs must be based on this criteria and approved by the Michigan Department of Health & Human Services. Individuals completing non-approved programs shall be ineligible for licensure.

9/90, Revised 9/91, 9/96, 5/02, 3/07, 11/12, 04/16 Authority: Act 368, P.A. 1978 as amended

## PREFACE

I. General Provisions

Each MFR education program shall:

A. Assure the course is approved through the Initial Program Application process as outlined by MDHHS, EMS & Trauma Systems Section.
   1. Students who complete an unapproved program course will not be eligible for licensure.

B. Utilize clearly stated behavioral objectives and performance criteria for the didactic, practical, affective and optional clinical activities.

II. Course Requirements

Once a course has been approved, the EMS Instructor-Coordinator is responsible to provide each student with, or make available for their review and study, the following information:

A. A copy of the MDHHS course approval
B. Michigan MFR program objectives
C. All student policies and relevant operational policies as outlined in the Initial Program Approval process

The education program sponsor is responsible for notifying the Regional Coordinator of any modifications to their program schedule on the Approved Education Program Sponsor Notification of Interim Courses (BHS-EMS 136A). As Regional Coordinators conduct periodic on-site visits to evaluate courses, any changes to an approved education program must be reported.

III. Course Length and Organization

It is recommended that the initial course comprise a minimum of 60 clock hours. This includes didactic presentations, practical demonstrations, skills practice, and examination time. Clinical hours are optional. The sequence in which lessons are presented is left to the discretion of the I-C. It is expected, however, that Preparatory (Roles/Responsibilities, Well Being of MFR, Medical/Legal Considerations, etc.) will be presented first.

CPR (according to the current American Heart Association standards) may be covered as a course pre-requisite or co-requisite.

## IV. Document Format and Utilization

### Objectives

The information included is required in order to meet the established educational objectives for an MFR education program. I-Cs and other instructors shall use this minimum required material in their education programs, as the licensure examination is based on these objectives.

The objectives are written in the behavioral objective style and flow from cognitive information, to affective behaviors and then psychomotor objectives. The objectives are structured to identify minimal knowledge in those content areas.

### Task Analysis

The skills that the MFR will minimally be able to perform are broken down into an abbreviated task analysis format for the instructor and student. The task analysis is provided for instructional purposes.

### National Registry of EMTs First Responder Skill Sheets

The evaluation skill sheets are also provided as they identify the minimum skill evaluation that must be completed successfully, prior to application for the NREMT MFR cognitive exam.

### Topic Format

The topics have been re-named from the previous versions of MDHHS Education Program Requirements. The topic titles are identical to those used by the First Responder National Standard Curriculum and should align more closely with chapter titles in current text.

### Text

The choice of text and/or handout material is left to the discretion of the program sponsor and I-C.

Content material has been referenced to:
First Responder: National Standard Curriculum
Cardiopulmonary Resuscitation: American Heart Association

**MEDICAL FIRST RESPONDER EDUCATION PROGRAM**
**INITIAL COURSE CONTENT AREAS**

| TOPIC | **RECOMMENDED COURSE HOURS** |
|---|---|
| **PREPARATORY** | **8 hours** |
| Introduction to Emergency Medical Care | 0.5 hour |
| The Well-Being of the MFR | 0.5 hour |
| Medical / Legal and Ethical Issues | 1 hour |
| The Human Body | 3.5 hours |
| Lifting and Moving Patients | 1.5 hour |
| Pharmacology for the MFR | 1 hour |
| **AIRWAY** | **3 hours** |
| Airway. Oxygenation, Ventilation | |
| **PATIENT ASSESSMENT** | **4 hours** |
| Patient Assessment | 3 hours |
| Communications/Documentation | 1 hour |
| **MEDICAL** | |
| Respiratory Emergencies | 2 hours |
| Cardiovascular Emergencies (includes CPR, AED) | 14 hours |
| Diabetic Emergencies | 0.5 hour |
| Poisoning/Overdose Emergencies, Allergic Reactions | 1 hour |
| Environmental Emergencies | 2 hours |
| Behavioral Emergencies | 1 hour |
| Abdominal Illness | 0.5 hour |
| CNS Illness | 1 hour |
| Childbirth | 1 hour |
| **TRAUMA** | |
| Bleeding and Shock | 3 hours |
| Soft Tissue Injuries | 2 hours |
| Musculoskeletal Care | 2 hours |
| Injuries to the Head and Spine | 3 hours |
| **SPECIAL CONSIDERATIONS** | **5 hours** |
| Geriatrics | 2 hours |
| Pediatrics | 3 hours |
| **OPERATIONS** | **7 hours** |
| Triage | 1 hour |
| Disaster | 1 hour |
| HazMat | 4 hour |
| Rescue Extrication | 1 hour |

| | | |
|---|---|---|
| Recommended Classroom Hours | | 60 |
| Recommended Practical Hours | minimum | 15 |
| **Total Recommended Course Hours** | | **60** |

## MEDICAL FIRST RESPONDER EDUCATION PROGRAM
## REFRESHER COURSE CONTENT AREAS

| TOPIC | REQUIRED COURSE HOURS | |
|---|---|---|
| | Minimum | Minimum Practical |
| **PREPARATORY**<br>Introduction to Emergency Medical Care<br>The Well-Being of the MFR<br>Medical / Legal and Ethical Issues<br>The Human Body<br>Lifting and Moving Patients<br>Pharmacology | **2 hours** | |
| **AIRWAY**<br>Airway. Oxygenation, Ventilation | **2 hours** | **1 hour** |
| **PATIENT ASSESSMENT**<br>Patient Assessment<br>Communications/Documentation | **2 hours** | **1 hour** |
| **MEDICAL**<br>Respiratory Emergencies<br>Cardiovascular Emergencies<br>Diabetic Emergencies<br>Poisoning/Overdose Emergencies, Allergic Reactions<br>Environmental Emergencies<br>Behavioral Emergencies<br>Abdominal Illness<br>CNS Illness<br>Obstetrics and Childbirth<br>General Pharmacology | **4 hours** | **1 hour** |
| **TRAUMA**<br>Bleeding and Shock<br>Soft Tissue Injuries<br>Musculoskeletal Care<br>Injuries to the Head and Spine | **3 hours** | **1 hour** |
| **SPECIAL CONSIDERATIONS**<br>Geriatrics<br>Pediatrics | **2 hours** | **1 hour** |
| **EMS OPERATIONS**<br>Triage<br>Disaster Planning<br>HazMat<br>Rescue Extrication | **1 hour** | |
| Required Minimum Hours | 16 | |
| Required Minimum Practical Hours | 5 | |

**The refresher course must include a minimum of 5 practical hours in the appropriate categories. These hours are inclusive of, not in addition to, the minimum required category hours.**

## PREPARATORY

**Introduction to Emergency Medical Care**
Familiarizes the MFR with the aspects of emergency medical care. Topics covered include the EMS System, roles and responsibilities of the MFR, quality improvement, and medical direction.

**Well-Being of the MFR (Communicable Disease)**
Covers the emotional aspects of emergency care, scene safety, body substance isolation (BSI), personal protection equipment (PPE), and safety precautions that can be taken prior to performing the role of an MFR.

**Medical/Legal and Ethical Issues**
Explores the scope of practice, ethical responsibilities, DNR legislation, consent, refusals, abandonment, negligence, duty to act, confidentiality, and special situations such as crime scenes.

**The Human Body (Anatomy and Physiology)**
Enhances the MFR's knowledge of the human body. Medical terminology, body systems, anatomy, physiology and topographic anatomy will be covered in this session.

**Lifting and Moving Patients (Patient Handling)**
Provides the MFR with knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and an overview of equipment. Practical skills of lifting and moving will also be developed during this lesson.

**Pharmacology for the MFR**
Covers indications, contraindications and methods of delivery for Epi-pen® and a narcotic antagonist.

**AIRWAY (Airway, Oxygenation, Ventilation)**
Teaches airway anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants and children, and patients with laryngectomies. The use of airways, suction equipment, oxygen delivery systems, and resuscitation devices will be discussed in this lesson.

## PATIENT ASSESSMENT

Enhances the MFR's ability to evaluate a scene for potential hazards and evaluate mechanism of injury or nature of illness. Provides the knowledge and skills to properly perform the initial assessment. In this session, the student will learn about forming a general impression, determining responsiveness, assessment of the airway, breathing and circulation. Teaches the knowledge and skills required to continue the assessment and treatment of the patient.

**Communications/ Documentation**
Discusses the importance of professional communication. It will assist the MFR in understanding the components of the written report, considerations regarding patient refusal, and special reporting situations.

**Special Patient Considerations**
This topic reviews situations of providing emergency care to geriatric patients and other patients who may need modified communications and special handling.

## MEDICAL

**Respiratory Emergencies**
This chapter reviews components of the lesson on respiratory anatomy and physiology. It will also provide instruction on assessment of respiratory difficulty and emergency medical care of respiratory problems.

**Cardiovascular Emergencies (AED, CPR)**
Review of the cardiovascular system, an introduction to the signs and symptoms of cardiovascular disease, and use of the automated external defibrillator are covered. Cardio Pulmonary Resuscitation should be introduced or reviewed in this session.

**Other Medical Conditions**
Discusses the recognition and management of altered mental status, Diabetes CNS Illness, Stroke, Seizure, allergies, environmental emergencies, poisoning, abdominal illness and behavioral emergencies.

## Trauma

**Bleeding and Shock**
Reviews the cardiovascular system, describes the care of the patient with internal and external bleeding, signs and symptoms of shock, and the emergency medical care of shock.

**Soft Tissue Injuries (Facial, Eye, Burns, Abdominal Injury, Chest Injury)**
The management of soft tissue injuries, burns, chest and abdominal injuries will be covered. Techniques of dressing and bandaging wounds will also be taught in this lesson.

**Injuries to Muscles and Bones**
Review of the musculoskeletal system, recognition of signs and symptoms of a painful, swollen, deformed extremity and splinting are taught in this section.

**Head and Spinal Injuries**
Injuries to the spine and head, signs and symptoms of injury, and assessment are covered. Emergency medical care, including the use of cervical immobilization devices and short and long back boards will also be taught.

## Children and Childbirth

**Obstetrical Emergencies**
Management of normal and abnormal childbirth are covered.

**Pediatrics**
Presents information concerning the developmental and anatomical differences in infants and children, along with common medical and trauma situations.

**EMS OPERATIONS (Hazardous Materials, Rescue Extrication, Triage)**
Presents an overview of the knowledge needed to function in the prehospital environment. Provides the student with an overview of rescue operations, hazardous materials, mass casualty situations, and basic triage.

**Preparatory**

**Introduction to Emergency Care** *(Roles, Responsibilities)*

At completion of this lesson, the MFR student will be able to:

1. Define Emergency Medical Services (EMS) systems. (Cognitive)
2. Differentiate the roles and responsibilities of the MFR from other prehospital care providers. (Cognitive)
3. Describe the roles and responsibilities related to safety. (Cognitive)
4. Define medical direction and discuss the MFR's role in the process.(Cognitive)
5. Define quality improvement and discuss the MFR's role in the process. (Cognitive)
6. Assess areas of personal attitude and conduct of the MFR. (Affective)
7. Explain these terms: (Cognitive)

| | | |
|---|---|---|
| Certification | Licensure | Reciprocity |
| Standing Orders | Protocols | Medical Control Authority |

**Well Being of the MFR** *(Communicable Disease)*

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)

| | | |
|---|---|---|
| Communicable | Contamination | Body Substance Isolation |
| Personal Protective Device | Transmission | Personal Protective Equipment |
| Universal precautions | Host | Carrier |
| Source of infection | Infection | Pathogen |
| Reservoir | Exposure | Incubation period |
| Meningitis | OSHA | Patient confidentiality |
| HIV | AIDS | Tuberculosis |
| Period of communicability | | |

2. Describe the possible sources of disease. (Cognitive)
3. Recall the factors for transmission of a disease to occur. (Cognitive)
4. Explain direct and indirect contact. (Cognitive)
5. Describe the greatest hazard for transmission to occur. (Cognitive)
6. Recall the factors which increase the risk of infection. (Cognitive)
7. List additional actions, other than PPE's, to prevent infectious exposure. (Cognitive)
8. List the different types of PPE and how/when they are used: (Cognitive)

| | | |
|---|---|---|
| gloves | mask | HEPA mask |
| gowns | eye wear | disposable equipment |

9. Recognize the importance of universal precautions, or BSI.(Affective)
10. Define and list the causes of hepatitis. (Cognitive)
11. Define herpes and list the different forms. (Cognitive)
12. Define meningitis. (Cognitive)
13. Recall how HIV is carried and transmitted. (Cognitive)
14. Describe which routes of HIV contamination cause high or low probability of exposure. (Cognitive)

15. List behaviors or practices which increase the risk for infection with HIV. (Cognitive)
16. Differentiate between AIDS and HIV. (Cognitive)
17. Discuss procedures to follow when potential HIV exposure has occurred to EMS personnel. (Cognitive)
18. Explain and recognize the signs and symptoms of tuberculosis. (Cognitive)
19. Explain how TB is transmitted and when exposure is most likely to occur. (Cognitive)
20. Explain why disposable items must be discarded after each use. (Cognitive)
21. Describe how to properly dispose of waste that contains body fluids. (Cognitive)
22. Recall how equipment or surface contaminated with blood or body fluids must be cleaned.(Cognitive)
23. Demonstrate appropriate use of PPE in various simulated patient scenarios.(Psychomotor)

**Medical Legal and Ethical Issues**

At the completion of this lesson, the MFR student will be able to:

1. Define the terms and discuss implications of: (Cognitive)

| | | | |
|---|---|---|---|
| Abandonment | Actual consent | Informed consent | |
| Implied consent | Assault | Battery | |
| Breech of duty | Damages | Patient confidentiality | |
| Duty to act | Liability | Emancipated Minor | |
| Malpractice | Negligence | Good Samaritan Law | |
| Proximate cause | Standard of Care | Living wills | |
| False Imprisonment | Scope of Practice | Tort | DNR |

2. Define the MFR scope of practice. (Cognitive)
3. List the levels of EMS licensure in Michigan. (Cognitive)
4. List the requirements for maintaining an MFR license. (Cognitive)
5. Explain the benefits and responsibilities of continuing education. (Cognitive)
6. Discuss the methods of obtaining consent. (Cognitive)
7. Differentiate between expressed and implied consent. (Cognitive)
8. Explain the role of consent of minors in providing care. (Cognitive)
9. Discuss the issues of abandonment, negligence, and battery and their implications to the MFR. (Cognitive)
10. State the conditions necessary for the Medical First Responder to have a duty to act. (Cognitive)
11. Explain the importance, necessity and legality of patient confidentiality. (Cognitive)
12. List the actions that a MFR should take to assist in the preservation of a crime scene. (Cognitive)
13. State the conditions that require a MFR to notify local law enforcement officials. (Cognitive)
14. Discuss issues concerning the fundamental components of documentation. (Cognitive)
15. Discuss the importance of Do Not Resuscitate [DNR] (advance directives) legislation and local or state provisions regarding EMS application. (Cognitive)

16. Explain who has authority for management of the scene and management of the patient according to Michigan statute. (Cognitive)

**The Human Body**

At the completion of this lesson, the MFR student will be able to:

1. Define the following: (Cognitive)

| | | | |
|---|---|---|---|
| Anterior | Posterior | Superior | Inferior |
| Prone | Supine | Deep | Superficial |
| External | Internal | Distal | Proximal |
| Lateral | Medial | Extension | Flexion |

2. Define the following medical prefixes & suffixes: (Cognitive)

Prefixes:

| | | | |
|---|---|---|---|
| brady | cardio | contra | dys |
| gastro | hem(ato) | hemi | hyper |
| hypo | in | intra | inter |
| myo | pneumo | post | pre |
| pulmo | quad | super | supra |
| tachy | vaso | | |

Suffixes:

| | | |
|---|---|---|
| itis | pathy | plegia |

3. Identify the body cavities. (Cognitive)
4. Recognize the major organs contained in each specific body cavity. (Cognitive)
5. Describe the function of the integumentary system. (Cognitive)
6. Describe the functions of the musculoskeletal system. (Cognitive)
7. Define the following terms: (Cognitive)

| | |
|---|---|
| Bone | Tendon |
| Ligament | Joint |

8. Identify and describe the following regions of the spinal column and the number of vertebrae in each: (Cognitive)

| | | | | |
|---|---|---|---|---|
| Cervical | Thoracic | Lumbar | Sacral | Coccyx |

9. Identify and describe the following structures of the chest: (Cognitive)

| | | |
|---|---|---|
| Clavicle | Scapula | Sternum |
| Ribs | Diaphragm | |

10. Identify and describe the structure of the pelvis. (Cognitive)
11. Describe the major bones of the upper and lower extremities. (Cognitive)
12. Describe the anatomy and function of the respiratory system.(Cognitive)
13. Identify the following structures and landmarks of the upper airway: (Cognitive)

| | | |
|---|---|---|
| Nose | Tongue | Pharynx |
| Epiglottis | Larynx | |

14. Identify the following structures and landmarks related to the lower airway: (Cognitive)
    Trachea Bronchi Bronchioles
    Alveoli
15. Define the following terms relating to the respiratory system: (Cognitive)
    Carbon Dioxide Red blood cell Hypoxia Anoxia
16. Explain the process of respiration. (Cognitive)
17. Explain the process of inspiration and exhalation. (Cognitive)
18. List and explain the factors that influence adequate oxygenation. (Cognitive)
19. Explain the systems that work together to control ventilation. (Cognitive)
20. Define the time brain damage begins in the absence of oxygen. (Cognitive)
21. Describe the anatomy and function of the circulatory system.(Cognitive)
22. Define and describe capillaries, arteries and veins. (Cognitive)
23. Define and describe atrium, ventricles and myocardium. (Cognitive)
24. Describe the flow of blood through the body. (Cognitive)
25. Describe coronary circulation. (Cognitive)
26 Explain the factors affecting blood pressure. (Cognitive)
27. Explain the pressure wave in the circulatory system and how it relates to the pulse. (Cognitive)
28. Identify the common pulse points. (Cognitive)
29. Describe the components and function of the nervous system.(Cognitive)
30. Describe and identify the components of the central nervous system. (Cognitive)
31. Describe the components of the peripheral nervous system. (Cognitive)
32. Label a diagram of the abdominal quadrants. (Cognitive)
33. List the major organs in the abdomen and the specific quadrant that each organ is in. (Cognitive)
34. List the organs in the digestive system. (Cognitive)
35. List the organs in the urinary tract. (Cognitive)
36. List the reproductive organs. (Cognitive)

**Lifting and Moving Patients (Patient Handling)**

At the completion of this lesson, the MFR student will be able to:

1. Define body mechanics. (Cognitive)
2. Describe the guidelines and safety precautions that need to be followed when lifting a patient or heavy equipment. (Cognitive)
3. Describe correct and safe carrying procedures on stairs. (Cognitive)
4. Describe correct reaching for log rolls. (Cognitive)
5. State situations that may require the use of an emergency move. (Cognitive)
6. Describe the indications for assisting in non-emergency moves. (Cognitive)
7. Discuss the various devices associated with moving a patient in the out-of-hospital arena.(Cognitive)
8. Discuss the positions of comfort for various patient conditions. (Cognitive)
9. Describe the special considerations for lifting the following types of patients: (Cognitive)
    Geriatric Pediatric Handicapped

10. Working with a partner, prepare and transfer a patient to a long spine board or a wheeled ambulance stretcher. (Psychomotor)

**Pharmacology for the MFR**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)

| | | |
|---|---|---|
| Intramuscular | Subcutaneous | Intranasal |
| Action | Indication | Contraindication |
| Precaution | Side-effect | Hypersensitivity |

2. Identify route of Epi-pen® administration. (Cognitive).
3. Identify routes of narcotic antagonist administration. (Cognitive).
4. Describe the 5 rights.
5. Describe the steps to assisting a patient in taking their medication. (Cognitive)
6. State the action, the indications, the contraindication, the precautions, the dosage, the side effects, and when to assist the patient with or administer these medications. (Cognitive)
7. Demonstrate general steps for assisting patient with both auto-injector medications and intranasal medications. (Psychomotor).

**Airway**

**Airway, Oxygenation, Ventilation**

At the completion of this lesson, the MFR student will be able to:

1. Name and label the major structures of the respiratory system on a diagram. (Cognitive)
2. List the signs of adequate and inadequate breathing. (Cognitive)
3. Describe the method of manually opening an airway with a head-tilt chin-lift. (Cognitive)
4. Describe which manual airway maneuver is most commonly used in the adult, a child, or an infant. (Cognitive)
5. Describe the appropriate method for manually opening an airway in a patient with possible c-spine injuries. (Cognitive)
6. List the indications and contraindications for using an oropharyngeal airway. (Cognitive)
7. List the indications and contraindications for using a nasopharyngeal airway. (Cognitive)
8. Describe how to measure and insert oropharyngeal and nasopharyngeal airways. (Cognitive)
9. Demonstrate measurement and insertion of an OPA and a NPA. (Psychomotor)
10. State the importance of having a suction unit ready for immediate use when providing emergency care.(Cognitive)
11. Describe the technique of suctioning. (Cognitive)
12. Demonstrate appropriate suctioning technique.(Psychomotor)
13. Describe how to assist the patient with a partially obstructed airway. (Cognitive)
14. Describe how to perform artificial ventilation using: (Cognitive)
    bag valve mask barrier device pocket face mask
15. Demonstrate how to perform artificial ventilation using: (Psychomotor)
    bag valve mask mouth-to-mouth with barrier device
    pocket face mask mouth-to-stoma
16. Demonstrate ventilating a patient with a bag-valve-mask with one and two rescuers. (Psychomotor)
17. List the procedures for connecting, properly using, and disconnecting any oxygen regulator. (Cognitive)
18. Describe the differences and indications for administering oxygen via a nasal cannula or a non-rebreather mask. (Cognitive)
19. Demonstrate how to properly administer oxygen with a nasal cannula or a non-rebreather mask. (Psychomotor)
20. Explain the rationale for basic life support artificial ventilation and airway protection skills taking priority over most other basic life support skills. (Affective)
21. Given a simulated patient scenario, choose the appropriate oxygen delivery device for the patient's condition. (Psychomotor)
22. Describe how to clear a foreign body airway obstruction in a responsive adult. (Cognitive)
23. Describe how to clear a foreign body airway obstruction in a responsive child with complete obstruction or partial airway obstruction and poor air exchange. (Cognitive)
24. Describe how to clear a foreign body airway obstruction in a responsive infant

with complete obstruction or partial airway obstruction and poor air exchange. (Cognitive)

25. Describe how to clear a foreign body airway obstruction in a unresponsive adult. (Cognitive)
26. Describe how to clear a foreign body airway obstruction in a unresponsive child. (Cognitive)
27. Describe how to clear a foreign body airway obstruction in a unresponsive infant. (Cognitive)
28. Demonstrate how to clear a foreign body airway obstruction in a responsive adult.(Psychomotor)
29. Demonstrate how to clear a foreign body airway obstruction in a responsive child. (Psychomotor)
30. Demonstrate how to clear a foreign body airway obstruction in a responsive infant. (Psychomotor)
31. Demonstrate how to clear a foreign body airway obstruction in an unresponsive adult. (Psychomotor)
32. Demonstrate how to clear a foreign body airway obstruction in an unresponsive child. (Psychomotor)
33. Demonstrate how to clear a foreign body airway obstruction in an unresponsive infant. (Psychomotor)

**Patient Assessment**

At the completion of this lesson, the MFR student will be able to:

1. Define and utilize these terms appropriately: (Cognitive)

| | | |
|---|---|---|
| Acute | Ashen | Auscultation |
| Blood pressure | Bradycardia | Diastolic pressure |
| Capillary refill | Chief complaint | Chronic Coma |
| Crowing | Cyanosis | Dyspnea |
| Ecchymosis | Edema | Emesis |
| Guarding | Hypotension | Hypertension |
| Hypoxia | LOC | Mottled |
| Mucus | Paradoxical | Pallor |
| Palpation | Pulse | Pulse oximetry |
| Rales | Rhonchi | Semi Fowler's |
| Sign | Snoring | Sputum |
| Stridor | Symptom | Subcutaneous Emphysema |
| Systolic pressure | Tachycardia | Vital signs |
| Trendelenburg | Wheeze | |

2. Discuss the scene size-up. (Cognitive)
3. Identify common potential hazards at the scene of a trauma or medical patient. (Cognitive)
4. Determine if the scene is safe to enter.(Cognitive)
5. Discuss common mechanisms of injury/nature of illness. (Cognitive)
6. Discuss the reason for identifying the total number of patients at the scene. (Cognitive)
7. Explain the reason for identifying the need for additional help or assistance. (Cognitive)
8. List the main criteria of a "load and go" situation. (Cognitive)
9. Discuss the most common types of motor vehicle accidents (MVA). (Cognitive)
10. Discuss the management of the scene with a trauma patient based on priority. (Cognitive)
11. Explain the rationale for crew members to evaluate scene safety prior to entering. (Affective)
12. Observe various scenarios and identify potential hazards.(Psychomotor)
13. Given a simulated patient scenario, determine if a scene is safe to enter. (Psychomotor)
14. Summarize the reasons for forming a general impression of the patient. (Cognitive)
15. Discuss methods of assessing altered mental status. (Cognitive)
16. Differentiate between assessing the altered mental status in the adult, child and infant patient. (Cognitive)
17. Demonstrate the techniques for assessing mental status. (Psychomotor)
18. Discuss methods of assessing the airway in the adult, child and infant patient.(Cognitive)
19. Describe sounds of airway restriction or airway occlusion. (Cognitive)
20. Demonstrate the techniques for assessing the airway.(Psychomotor)
21. State reasons for management of the cervical spine (during airway management)

once the patient has been determined to be a trauma patient. (Cognitive)

22. List the normal respiratory rates for adults. (Cognitive)
23. Differentiate between shallow, labored and noisy breathing. (Cognitive)
24. Discuss abnormal breath sounds possibly heard on auscultation. (Cognitive)
25. Describe the procedure used to auscultate breath sounds. (Cognitive)
26. Distinguish between methods of assessing breathing in the adult, child and infant patient. (Cognitive)
27. Differentiate between a patient with adequate and inadequate breathing. (Cognitive)
28. Describe the universal sign of choking. (Cognitive)
29. State what care should be provided to the adult, child and infant patient without adequate breathing. (Cognitive)
30. Demonstrate the techniques for assessing if the patient is breathing.(Psychomotor)
31. Identify locations, recognize the strength, regularity, and rate of the pulse. (Cognitive)
32. Describe the methods used to obtain a pulse rate. (Cognitive)
33. Differentiate between obtaining a pulse in an adult, child and infant patient. (Cognitive)
34. Demonstrate the techniques for assessing if the patient has a pulse.(Psychomotor)
35. Describe the methods to assess the skin color, temperature, capillary refill in infants and children. (Cognitive)
36. Differentiate between pale, ashen, cyanotic, red, mottled, and jaundiced skin color. (Cognitive)
37. Identify normal and abnormal skin temperature. (Cognitive)
38. Identify normal and abnormal capillary refill in infants and children. (Cognitive)
39. Demonstrate the skills associated with assessing the skin color, temperature, and capillary refill in infants and children.(Psychomotor)
40. Discuss the need for assessing the patient for external bleeding. (Cognitive)
41. Demonstrate the techniques for assessing the patient for external bleeding.(Psychomotor)
42. Describe the procedures used to auscultate and palpate blood pressure. (Cognitive)
43. Explain how the presence of pulse relates to the presence of blood pressure. (Cognitive)
44. Explain the significance of discovering an absent peripheral pulse. (Cognitive)
45. Demonstrate the skills associated with obtaining blood pressure. (Psychomotor)
46. Describe the assessment of sensory and motor function. (Cognitive)
47. Describe the assessment of a patient's pain. (Cognitive)
48. Describe the methods to assess the pupils. (Cognitive)
49. List the criteria used to evaluate pupils. (Cognitive)
50. Demonstrate the skills associated with assessing the pupils.(Psychomotor)
51. Utilize the acronym S A M P L E in history taking. (Cognitive)
52. Explain the importance of obtaining a SAMPLE history. (Cognitive)
53. Utilize the acronym A V P U to evaluate level of consciousness. (Cognitive)
54. Demonstrate the skills associated with evaluating level of consciousness. (Psychomotor)
55. Discuss the need to search for additional medical identification.(Cognitive)
56. Explain the value of performing the baseline vital signs.(Affective)
57. Recognize and respond to the feelings patients experience during

assessment.(Affective)

58. Defend the need for obtaining and recording an accurate set of vital signs. (Affective)
59. Explain the rationale of recording additional sets of vital signs.(Affective)
60. Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. (Psychomotor)
61. List in order the priority needs of the trauma patient. (Cognitive)
62. Explain the reason for prioritizing a patient for care and transport.(Affective)
63. Demonstrate the ability to prioritize patients.(Psychomotor)
64. Explain the terms and describe primary and secondary patient assessments. (Cognitive)
65. Define what assessment is done during the Initial Assessment. (Cognitive)
66. Demonstrate the assessment done in a Initial Assessment or Primary Survey. (Psychomotor)
67. Discuss additional components of the physical exam (other than Initial Assessment). (Cognitive)
68. Demonstrate the skills involved in performing a detailed physical exam. (Psychomotor)
69. Discuss the reasons for repeating the initial assessment as part of the on-going assessment. (Cognitive)
70. Describe the components of the on-going assessment. (Cognitive)
71. Explain the term "secondary survey" as it relates to the physical exam and on-going assessment.(Cognitive)
72. Demonstrate the skills involved in performing the on-going assessment.(Psychomotor)

**Communications**

At the completion of this lesson, the MFR student will be able to:

1. Identify the essential components of the verbal report. (Cognitive)
2. Discuss the communication skills that should be used to interact with the patient. (Cognitive)
3. Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies while providing patient care and the difference between skills used to interact with the patient and those used to interact with others. (Cognitive)
4. List the procedures used in correct radio communications. (Cognitive)
5. Explain the importance of effective communication of patient information in the verbal report.(Affective)
6. Perform an organized patient report that would be given to other medical personnel accepting care for the patient. (Psychomotor)

**Documentation**

At the completion of this lesson, the MFR student will be able to:

1. Identify the various sections of the written report. (Cognitive)
2. Describe what information is required in each section of the prehospital care report and how it should be entered. (Cognitive)
3. Describe the special considerations concerning documentation of patient refusal. (Cognitive)
4. Describe the legal implications associated with the written report. (Cognitive)
5. Discuss all state and/or local record and reporting requirements. (Cognitive)
6. Defend the rationale for accurate patient care documentation. (Affective)
7. Explain the rationale for using medical terminology correctly. (Affective)
8. Complete a prehospital care report.(Psychomotor)

**Patient Assessment: Special Patient Considerations**

At the completion of this lesson, the MFR student will be able to:

1. Define the terms Geriatric and Elder Abuse: (Cognitive)
2. Explain special communications required for geriatric patients. (Cognitive)
3. Explain special history taking and physical exam considerations for geriatric patients. (Cognitive)
4. Identify and/or describe abuse and neglect or geriatric patients. (Cognitive)
5. Describe modified techniques to communicate with the following types of patients: (Cognitive)

| | |
|---|---|
| Blind | Elderly |
| Hearing impaired | Non-English speaking patients |

**Medical**
**Respiratory Emergencies**

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)

| | | |
|---|---|---|
| Anoxia | Apnea | Aspiration |
| Asthma | COPD | Dyspnea |
| Hypoxia | Hyperventilation | Hypoventilation |
| Paradoxical | Pleural Decompression | Pulmonary Edema |
| Subcutaneous emphysema | | Tracheal deviation |

2. Describe these terms as they relate to breath sounds, or description of respirations: (Cognitive)

| | | | | |
|---|---|---|---|---|
| Equal | Normal | Absent | Abnormal | Rales |
| Stridor | Crowing | Rhonchi | Wheezing | Snoring |

3. Review the structure and function of the respiratory system. (Cognitive)
4. Review assessment of breathing. (Cognitive)
5. State the signs and symptoms of a patient with breathing difficulty. (Cognitive)
6. List signs of adequate air exchange. (Cognitive)
7. Describe the emergency medical care of the patient with breathing difficulty. (Cognitive)
8. Establish the relationship between airway management and the patient with breathing difficulty. (Cognitive)
9. Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty. (Cognitive)
10. Recognize the signs of airway obstruction. (Cognitive)
11. List potential causes of laryngeal spasm or edema. (Cognitive)
12. Recognize the signs and symptoms of laryngeal spasm or edema. (Cognitive)
13. Differentiate between upper airway obstruction and lower airway disease (obstruction) in the infant and child patient. (Cognitive)
14. Recognize the signs and symptoms, describe the common causes of aspiration. (Cognitive)
15. List respiratory illnesses that are considered Chronic Obstructive Pulmonary Diseases. (Cognitive)
16. Define the condition of asthma. (Cognitive)
17. List common factors that may induce an asthma attack. (Cognitive)
18. Describe the signs and symptoms of an asthma attack. (Cognitive)
19. Define "status asthmaticus" and explain its implications. (Cognitive)
20. Define the condition of chronic bronchitis. (Cognitive)
21. Recognize the signs and symptoms of chronic bronchitis. (Cognitive)
22. Define the condition of emphysema. (Cognitive)
23. Recognize the signs and symptoms of emphysema. (Cognitive)
24. Define and recognize the signs and symptoms of pneumonia. (Cognitive)
25. Define and recognize the signs and symptoms of hyperventilation syndrome.(Cognitive)
26. Describe the emergency medical care provided to patients with respiratory difficulty. (Cognitive)
27. Demonstrate the emergency medical care for breathing difficulty. (Psychomotor)

**Medical**
**Circulation, Cardiac Emergencies**

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)

| | | |
|---|---|---|
| Angina Pectoris | Arteriosclerosis | Atherosclerosis |
| Asystole | Cardiac Arrest | Cardiogenic Shock |
| Cholesterol | Congestive Heart Failure | Dysrhythmia |
| Defibrillation | Coronary Artery Disease | Infarction |
| Ischemia | Nitroglycerin | Pedal Edema |
| Pulmonary Edema | Pulseless Electrical Activity | Ventricular Fibrillation |

2. Review the structure and function of the cardiovascular system. (Cognitive)
3. Define Coronary Artery Disease (CAD). (Cognitive)
4. List risk factors of CAD. (Cognitive)
5. Recognize signs or symptoms of angina pectoris. (Cognitive)
6. Differentiate between angina pectoris and myocardial infarction. (Cognitive)
7. Recognize the signs and symptoms of a myocardial infarction. (Cognitive)
8. Explain the pathophysiology of a myocardial infarction. (Cognitive)
9. List the major consequences of a myocardial infarction. (Cognitive)
10. Discuss the position of comfort for patients with various cardiac emergencies. (Cognitive)
11. List the signs of cardiac arrest. (Cognitive)
12. Describe the general emergency medical care of the patient experiencing chest pain/discomfort. (Cognitive)
13. Explain the importance of prehospital ACLS intervention if it is available for the cardiac patient. (Cognitive)
14. Demonstrate the emergency medical care of the patient experiencing chest pain. (Psychomotor)
15. Define the condition of Congestive Heart Failure. (Cognitive)
16. Recognize signs and symptoms of CHF. (Cognitive)
17. Describe the emergency medical care for the patient with CHF. (Cognitive)
18. Demonstrate the general emergency medical care for a patient with CHF. (Psychomotor)
19. Define the condition of Cardiogenic Shock.
20. Describe cardiac arrest and its implications. (Cognitive)
21. Define the primary cause of cardiac arrest in children.(Cognitive)
22. Define the role of the MFR in the emergency cardiac care system.(Cognitive)
23. Define and list the indications for automated external defibrillation (AED). (Cognitive)
24. List the contraindications for automated external defibrillation. (Cognitive)
25. State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator. (Cognitive)
26. Explain why not all chest pain patients experience a cardiac arrest and do not need to be attached to an automated external defibrillator.(Cognitive)

27. Differentiate between the fully automated and the semi-automated defibrillator. (Cognitive)
28. List the steps to operation, and discuss what must be taken into consideration for standard operations of the various types of automated external defibrillators. (Cognitive)
29. Explain the considerations for interruption of CPR, when using the automated external defibrillator. (Cognitive)
30. Discuss the use of remote defibrillation through adhesive pads. (Cognitive)
31. Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance. (Cognitive)
32. Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators.(Cognitive)
33. Discuss the standard of care that should be used to provide care to a patient with persistent or recurrent ventricular fibrillation and no available ACLS. (Cognitive)
34. List the components of and discuss the importance of post-resuscitation care.(Cognitive)
35. Explain the importance of frequent practice with the automated external defibrillator. (Cognitive)
36. Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist. (Cognitive)
37. Explain the role medical direction plays in the use of automated external defibrillation. (Cognitive)
38. Demonstrate the application and operation of the automated external defibrillator. (Psychomotor)
39. Demonstrate the maintenance of an automated external defibrillator. (Psychomotor)
40. Demonstrate the emergency medical care of the patient in cardiac arrest. (Psychomotor)

**Cardio Pulmonary Resuscitation**
**(all CPR training should be referred to AHA standards)**

1. List the signs of effective CPR. (Cognitive)
2. List the complications of CPR. (Cognitive)
3. Give the rates and ventilation to compression ratio for infant, child and adult CPR. (Cognitive)
4. Describe the procedure for chest compressions during infant, child and adult CPR. (Cognitive)
5. List the suggested depth for chest compression for infant, child and adult CPR. (Cognitive)
6. Skillfully perform CPR in accordance to the AHA standards on adults, children and infants.(Psychomotor)
7. Recognize the most common cause of airway obstruction. (Cognitive)
8. Describe the procedures for removal of a foreign body causing complete airway obstruction. (Cognitive)
9. Demonstrate removal of foreign body objects causing airway obstruction in conscious or

unconscious patients (infant, child, adult).(Psychomotor)

**Medical**

**Altered Mental Status, Diabetes**

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)
   Glucose Insulin
   Diabetes Mellitus Hypoglycemia Hyperglycemia
2. Identify the patient who presents with a general medical complaint. (Cognitive)
3. Explain the steps in providing emergency medical care to a patient with a general medical complaint. (Cognitive)
4. Identify the patient who presents with a specific medical complaint of altered mental status. (Cognitive)
5. Explain the steps in providing emergency medical care to a patient with an altered mental status. (Cognitive)
6. Define and Type I and Type II diabetes (IDDM). (Cognitive)
7. List the general signs and symptoms of the onset of diabetes. (Cognitive)
8. Describe hyperglycemia and ketoacidosis. (Cognitive)
9. Recognize and list signs and symptoms of hyperglycemia/ketoacidosis (diabetic coma). (Cognitive)
10. Describe the appropriate treatment for diabetic ketoacidosis (diabetic coma). (Cognitive)
11. Describe hypoglycemia and insulin shock. (Cognitive)
12. Recognize and list signs and symptoms of hypoglycemia and insulin shock. (Cognitive)
13. Describe the appropriate treatment for hypoglycemia and insulin shock. (Cognitive)
14. Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history. (Cognitive)
15. List important questions to ask the patient with a possible diabetic emergency. (Cognitive)
16. Differentiate, looking at signs and symptoms, between ketoacidosis (diabetic coma) and hypoglycemia (insulin shock). (Cognitive)
17. Establish the relationship between airway management and the patient with altered mental status. (Cognitive)
18 Explain the rationale for administering oral glucose.(Cognitive)
19. Demonstrate the steps in the emergency medical care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (Psychomotor)
20. Demonstrate the steps in the administration of oral or buccal glucose. (Psychomotor)

**Medical**
**Poisons, Substance Abuse, Allergies**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)

| | | |
|---|---|---|
| Activated charcoal | Hives | Narcotic |
| Overdose | Poison | Anaphylaxis |
| Toxin | Venom | Alcoholism |
| Self-injected Edpinephrine preparation | | |

2. List the routes in which poisons can enter the body. (Cognitive)
3. List common sources of poisons. (Cognitive)
4. List general signs and symptoms of poisoning. (Cognitive)
5. Describe the general steps in the emergency medical care for the patient with suspected poisoning. (Cognitive)
6. Discuss the various common sources of substance abuse. (Cognitive)
7. Discuss the emergency medical care for the patient with possible overdose. (Cognitive)
8. Demonstrate the steps in the emergency medical care for the patient with suspected poisoning. (Psychomotor)
9. Demonstrate the steps in the emergency medical care for the patient with possible overdose. (Psychomotor)
10. Recognize the patient experiencing an allergic reaction. (Cognitive)
11. Describe the emergency medical care of the patient with an allergic reaction. (Cognitive)
12. Establish the relationship between the patient with an allergic reaction and airway management. (Cognitive)
13. Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction. (Cognitive)
14. Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector. (Cognitive)
15. Describe anaphylactic shock. (Cognitive)
16. List signs and symptoms of anaphylactic shock. (Cognitive)
17. Describe the emergency medical care for the patient in anaphylactic shock. (Cognitive)
18. Demonstrate the emergency medical care of the patient experiencing an allergic reaction. (Psychomotor)
19. Demonstrate the emergency medical care of the patient experiencing anaphylactic shock. (Psychomotor)

**Medical**
**Environmental Emergencies**

At the completion of this lesson, the MFR student will be able to:

1. Define the following: (Cognitive)
   Frostbite Near-drowning Drowning
   Hypothermia
2. State the body's normal temperature in Fahrenheit degrees. (Cognitive)
3. Describe heat cramps and list the signs and symptoms. (Cognitive)
4. List the appropriate treatment for heat cramps. (Cognitive)
5. Describe heat exhaustion and list the signs and symptoms of heat exhaustion. (Cognitive)
6. List the appropriate treatment for heat exhaustion. (Cognitive)
7. Describe heat stroke and list the signs and symptoms of heat stroke. (Cognitive)
8. List the appropriate treatment for heat stroke. (Cognitive)
9. Explain the steps in providing emergency care to a patient exposed to heat. (Cognitive)
10. Demonstrate the assessment and emergency medical care of a patient with exposure to heat.(Psychomotor)
11. Recognize the signs and symptoms of hypothermia. (Cognitive)
12. List the appropriate treatment for the hypothermic patient. (Cognitive)
13. Explain the steps in providing emergency medical care to a patient exposed to cold. (Cognitive)
14. Recognize the signs and symptoms of frostbite. (Cognitive)
15. List the appropriate treatment for frostbite. (Cognitive)
16. Discuss re-warming the frostbitten patient in the field if the potential for re-exposure to cold temperatures exists. (Cognitive)
17. Demonstrate the assessment and emergency medical care of a patient with exposure to cold.(Psychomotor)
18. Identify the rules for water rescue in regard for the safety of rescuers and the victim(s). (Cognitive)
19. Explain why spinal injuries should always be suspected in water related emergencies. (Cognitive)
20. Describe the proper procedures for removing a victim from the water when a spinal injury is suspected. (Cognitive)
21. Demonstrate the assessment and emergency medical care of a near drowning patient.(Cognitive)

**Medical**
**Behavioral Emergencies**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)
   Crisis Disorientation Emotional Crisis
   Hallucination Suicide
2. Define behavioral emergencies. (Cognitive)
3. Discuss the general factors that may cause an alteration in a patient's behavior. (Cognitive)
4. Discuss the special considerations for assessing a patient with behavioral problems. (Cognitive)
5. Explain the role drugs and alcohol play in behavioral emergencies. (Cognitive)
6. Discuss methods to calm behavioral emergency patients. (Cognitive)
7. Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide. (Cognitive)
8. Discuss special medical/legal considerations for managing behavioral emergencies. (Cognitive)
9. Discuss the indications and procedures for restraining a violent patient. (Cognitive)
10. Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency.(Affective)
11. Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency.(Psychomotor)

**Medical**
**Abdominal Illness**

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)
   Acute abdomen Diarrhea Incontinence
   Constipation Heartburn Ulcer
2. List possible causes of an "acute abdomen".(Cognitive)
3. Explain how to examine the abdomen by palpation. (Cognitive)
4. Accurately report patient assessment findings by referring to abdominal quadrants. (Cognitive)
5. Recall the signs and symptoms of the "acute abdomen".(Cognitive)
6. Describe the concerns associated with vomiting. (Cognitive)
7. List potential complications of the "acute abdomen".(Cognitive)
8. Describe the general emergency medical care of the patient with possible "acute abdomen". (Cognitive)
9. Demonstrate the management of the patient with an acute abdomen. (Psychomotor)

## Medical

**CNS Illness (Stroke, Seizure)**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)
   Aneurysm Embolus Paralysis Seizure Thrombus
2. Identify the patient who presents with a specific medical complaint of seizures. (Cognitive)
3. List possible causes of a seizure. (Cognitive)
4. Describe possible signs and symptoms that accompany a seizure. (Cognitive)
5. Describe the importance of airway management in the patient experiencing a seizure. (Cognitive)
6. Describe the assessment and emergency medical care of the seizure patient. (Cognitive)
7. Demonstrate proper care of a patient experiencing a seizure. (Psychomotor)
8. Define Cerebro Vascular Accident. (Cognitive)
9. List the pre-disposing risk factors for stroke (Cerebro Vascular Accident). (Cognitive)
10. List signs and symptoms of stroke (CVA). (Cognitive)
11. Describe the emergency medical care of the patient with a possible stroke (CVA). (Cognitive)
12. Demonstrate the treatment of the patient with a CVA.(Psychomotor)

## Trauma

**Bleeding and Shock**

At the completion of this lesson, the MFR student will be able to: (Cognitive)

1. Define the following terms:

| | | |
|---|---|---|
| Hemorrhage | Hypovolemia | Direct pressure |
| Closed wound | Open wound | Blunt trauma |
| Occlusive dressing | Shock | Tourniquet |

2. Review the structure and function of the circulatory system. (Cognitive)
3. Recognize and differentiate between arterial, venous and capillary bleeding. (Cognitive)
4. List the order, and describe treatments to be used to control external bleeding. (Cognitive)
5. State the general emergency medical care of external bleeding. (Cognitive)
6. Demonstrate direct pressure as a method of emergency medical care of external bleeding. (Psychomotor)
7. List the functions of dressing and bandaging. (Cognitive)
8. Describe the steps in applying a pressure dressing. (Cognitive)
9. Describe the use of pressure points. (Cognitive)
10. Recall the precautions when using a tourniquet. (Cognitive)
11. List problems associated with the use of tourniquets. (Cognitive)
12. Demonstrate the use of pressure points and tourniquets as a method of emergency medical care of external bleeding. (Psychomotor)

13. Describe the treatment to control a nosebleed that is not associated with a skull fracture. (Cognitive)
14. Describe the treatment used to control epistaxis that may be associated with a skull fracture. (Cognitive)
15. Demonstrate the care of the patient with epistaxis.(Psychomotor)
16. List the signs/symptoms of internal bleeding. (Cognitive)
17. List and describe the steps of emergency medical care for the patient with signs and symptoms of internal bleeding. (Cognitive)
18. Recognize the need for rapid transport when dealing with internal bleeding. (Cognitive)
19. Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding. (Psychomotor)
20. Describe the role of the sympathetic nervous system in the maintenance of circulation. (Cognitive)
21. List the general signs and symptoms of shock (hypoperfusion). (Cognitive)
22. Define the early signs and symptoms of shock. (Cognitive)
23. Identify the signs/symptoms associated with the progressive stages of shock. (Cognitive)
24. Identify causes for the various types of shock. (Cognitive)
25. State the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion). (Cognitive)
26. Explain the sense of urgency to transport patients that are bleeding and show signs of shock (hypoperfusion).(Affective)
27. Demonstrate the care of the patient exhibiting signs and symptoms of shock (hypoperfusion). (Psychomotor)
28. List possible causes of dehydration. (Cognitive)
29. Relate the condition of dehydration to hypovolemic shock. (Cognitive)
30. List the indications for inflation of PASG. (Cognitive)
31. List the absolute contraindications for the inflation of PASG. (Cognitive)
32. List precautions or alterations of use in regard to inflation of PASG. (Cognitive)

**Trauma**

**Soft Tissue Injuries, Burns**
**Face, Neck, Eye, Chest, Abdominal Injuries**

At the completion of this lesson, the MFR student will be able to: (Cognitive)

1. Define the following terms:

| | | |
|---|---|---|
| Abrasion | Amputation | Laceration |
| Contusion | Evisceration | Avulsion |
| Puncture wound | Penetrating trauma | |
| Crushing injury | Impaled object | |

2. Define and recognize the types of soft tissue injuries. (Cognitive)
3. Describe the emergency medical care of the patient with a soft tissue injury. (Cognitive)
4. Demonstrate the steps in the emergency medical care of soft tissue injuries. (Psychomotor)

5. Describe the emergency medical care of the patient with an open soft tissue injury. (Cognitive)
6. Describe the management for an avulsed or amputated body part. (Cognitive)
7. Describe the management of an impaled object. (Cognitive)
8. Describe the treatment for an evisceration. (Cognitive)
9. Demonstrate the steps in the emergency medical care of soft tissue injuries. (Psychomotor)
10. Describe the emergency medical care considerations for a patient with a penetrating chest injury. (Cognitive)
11. Demonstrate the steps in the emergency medical care of a patient with an open chest wound. (Psychomotor)
12. List common causes of abdominal injury. (Cognitive)
13. List the signs and symptoms of abdominal injury. (Cognitive)
14. Explain the risk of shock in relation to abdominal injury. (Cognitive)
15. Describe the emergency medical care for a patient with possible abdominal injury. (Cognitive)
16. Demonstrate the steps in the emergency medical care of a patient with open abdominal wounds. (Psychomotor)
17. Identify and describe the treatments for face and scalp injuries. (Cognitive)
18. Describe the relationship between facial injuries and head or spinal injury. (Cognitive)
19. Describe the effect a facial injury may have in regard to airway obstruction. (Cognitive)
20. List specific treatment for an open wound to the neck area. (Cognitive)
21. List signs and symptoms of injury to the eye. (Cognitive)
22. Describe the management of blunt or penetrating trauma to the eye. (Cognitive)
23. Demonstrate the steps in the emergency medical care of a face, scalp, neck, or eye injury. (Psychomotor)
24. Define these terms: (Cognitive)

| | |
|---|---|
| 1st degree burn | Superficial burn |
| 2nd degree burn | Partial thickness burn |
| 3rd degree burn | Full thickness burn |

25. List potential causes of burn injury. (Cognitive)
26. List the classifications of burns. (Cognitive)
27. List the characteristics of a superficial burn. (Cognitive)
28. List the characteristics of a partial thickness burn. (Cognitive)
29. List the characteristics of a full thickness burn. (Cognitive)
30. Identify and/or describe specific signs and symptoms of electrical burns, chemical burns, and thermal burns. (Cognitive)
31. Establish the relationship between airway management and burn injuries. (Cognitive)
32. Explain which patients with burn injury are at risk of hypovolemic shock. (Cognitive)
33. Identify and describe the signs and symptoms for a thermal, chemical, or light burn to the eye. (Cognitive)
34. Identify and describe the treatments for a thermal, chemical, or light burn to the eye. (Cognitive)

35. Describe the general emergency medical treatment for a patient with a burn injury. (Cognitive)
36. Demonstrate the steps in the emergency medical care of a patient with a burn injury. (Psychomotor)

**Trauma**
**Musculoskeletal Care**

At the completion of this lesson, the MFR student will be able to:

1. Define the following terms: (Cognitive)

| | | |
|---|---|---|
| Bone | Tendon | Ligament |
| Joint | Dislocation | Fracture |
| Closed fracture | Open fracture | Rigid splint |
| Sprain | Strain | Traction |
| Traction splint | | |

2. Review the structures and function of the muscular system. (Cognitive)
3. Review the structures and function of the skeletal system. (Cognitive)
4. Identify and/or describe the signs and symptoms for closed fracture, dislocation, open fracture, sprain, and strain. (Cognitive)
5. Describe the assessment procedures for impaired circulation, muscle damage, and nerve damage. (Cognitive)
6. Explain the priority of care for musculoskeletal injuries. (Cognitive)
7. Describe which fractures are most likely to cause hypovolemic shock. (Cognitive)
8. Describe the concerns for injury at a joint. (Cognitive)
9. Explain the potential for blood loss from a femur fracture and pelvic fracture. (Cognitive)
10. Describe the injuries to be suspected in a fall from a great height. (Cognitive)
11. Describe the injuries to be suspected in a geriatric patient after a fall. (Cognitive)
12. Identify and/or describe the treatment for the closed fracture, dislocation, open fracture, sprain and strain. (Cognitive)
13. Identify and/or describe various immobilization techniques used for fractures or dislocations. (Cognitive)
14. List the general rules of splinting. (Cognitive)
15. List the complications of splinting. (Cognitive)
16. Explain the indications for using a traction splint. (Cognitive)
17. Explain the rationale for splinting at the scene versus splinting enroute, or not splinting. (Cognitive)
18. Demonstrate immobilization of various musculoskeletal injuries.(Psychomotor)
19. Demonstrate emergency medical care for the patient with a musculoskeletal injury. (Psychomotor)

**Trauma**
**Injuries to the Head and Spine**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)
   Immobilization  Neutral Position  Paralysis
2. Review the structures and functions of the central nervous system. (Cognitive)
3. Describe the treatment of a bleeding scalp wound in relation to possible skull fracture. (Cognitive)
4. Describe and recognize major signs and symptoms of a head injury. (Cognitive)
5. Describe the treatment of the patient with a head injury. (Cognitive)
6. Explain the rationale for closely monitoring the head injured, immobilized patient for vomiting and aspiration. (Cognitive)
7. Explain the use of the modified jaw thrust in patients with suspected head, or neck trauma. (Cognitive)
8. Demonstrate opening the airway in a patient with suspected head or spinal injury. (Psychomotor)
9. Explain the situations when spinal injury should be suspected. (Cognitive)
10. Recognize and list signs and symptoms of a spinal injury. (Cognitive)
11. Describe assessment of sensory and motor function as part of a neurological exam. (Cognitive)
12. Describe how to stabilize the cervical spine. (Cognitive)
13. Demonstrate stabilization of the cervical spine. (Psychomotor)
14. Explain how to properly measure or choose the correct size cervical collar for a patient. (Cognitive)
15. Demonstrate the proper application of a cervical collar. (Psychomotor)
16. Demonstrate how to log roll a patient with a suspected spine injury. (Psychomotor)
17. Describe how to immobilize a patient using a long back board. (Cognitive)
18. Demonstrate how to secure a patient to a long back board. (Psychomotor)
19. List instances when a short back board should be used. (Cognitive)
20. Describe how to immobilize a patient using a short back board. (Cognitive)
21. Demonstrate immobilization using the short back board device. (Psychomotor)
22. Describe the indications for the use of a rapid extrication procedure. (Cognitive)
23. List the steps in performing a rapid extrication procedure. (Cognitive)
24. Explain the rationale for utilizing rapid extrication in life and death situations. (Cognitive)
25. Demonstrate the procedure for rapid extrication. (Psychomotor)
26. Describe the emergency medical care for a patient with suspected spinal injury. (Cognitive)
27. Describe the complete immobilization procedure for a patient with suspected head or spinal injury. (Cognitive)
28. Demonstrate the proper immobilization the patient with suspected head, neck or spinal trauma. (Psychomotor)
29. Explain special considerations in caring for trauma of the geriatric patient. (Affective)
30. Demonstrate the emergency medical care of a geriatric trauma patient. (Psychomotor)

## Children and Childbirth

### Obstetrical/ Gynecological Emergencies

At the completion of this lesson, the MFR student will be able to

1. Define these terms: (Cognitive)

| | | |
|---|---|---|
| Abortion | Amniotic fluid/sac | Cesarean Section |
| Crowning | Fetus | Meconium |
| Neonate | Nuchal Cord | Perineum |
| Placenta | Presenting Part | Post-partum hemorrage |
| Prolapsed cord | Term | Rupture of Membranes |
| Uterus | Umbilical cord | Vagina |

2. Review the female reproductive anatomy. (Cognitive)
3. Identify and/or describe the stages of labor. (Cognitive)
4. List the information gathered from a pregnant patient. (Cognitive)
5. Identify and explain the use of the contents of an obstetrics kit. (Cognitive)
6. Identify the conditions that may cause a pre-delivery emergency. (Cognitive)
7. Describe management of bleeding pre-delivery. (Cognitive)
8. Describe possible complications due to trauma in the pregnant woman. (Cognitive)
9. State the indications of an imminent delivery. (Cognitive)
10. State the steps in the pre-delivery preparation of the mother. (Cognitive)
11. List the steps for assisting with a normal delivery. (Cognitive)
12. Define and explain the management of Supine Hypotensive Syndrome. (Cognitive)
13. Describe care of the baby as the head appears. (Cognitive)
14. Describe how and when to cut the umbilical cord. (Cognitive)
15. Demonstrate necessary care procedures of the fetus as the head appears. (Psychomotor)
16. Demonstrate the steps to assist in the normal delivery. (Psychomotor)
17. Demonstrate how and when to cut the umbilical cord. (Psychomotor)
18. Explain the procedure for when the amniotic sac remains intact following delivery of the infant's face. (Cognitive)
19. List the care of the newborn infant immediately following delivery. (Cognitive)
20. Demonstrate post delivery care of infant. (Psychomotor)
21. List the steps in the emergency medical care of the mother post-delivery. (Cognitive)
22. Demonstrate the post-delivery care of the mother. (Psychomotor)
23. Discuss signs of prolonged delivery and the management. (Cognitive)
24. Describe the procedures for delivery with a breech birth, prolapsed or nuchal cord. (Cognitive)
25. Demonstrate the steps in the emergency medical care of the mother with excessive bleeding, pre or post delivery. (Psychomotor)
26. Discuss specific assessment and questioning of the patient with a possible gynecological emergency. (Cognitive)
27. Discuss the care of a patient with a gynecological emergency. (Cognitive)
28. Demonstrate care of the patient with a gynecological emergency.(Psychomotor)

29. Discuss the goals for caring for a patient following sexual assault. (Cognitive)
30. Demonstrate the appropriate care of the patient following sexual assault. (Psychomotor)

**Pediatrics**

At completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)
   Asthma Bronchiolitis Epiglottitis
   Laryngo-tracheal-bronchitis (LTB) Croup
   Sudden Infant Death Syndrome(SIDS)
2. Describe differences in anatomy and physiology of the infant and child, from the adult patient. (Cognitive)
3. List the different age groups for pediatrics. (Cognitive)
4. Describe the appropriate methods of interviewing a child during the patient assessment. (Cognitive)
5. Differentiate between the physical exam of an infant or child, from that of an adult. (Cognitive)
6. Differentiate between the assessment of level of consciousness in the infant or child, from that done with an adult patient. (Cognitive)
7. List the normal ranges of vital signs for an infant and child. (Cognitive)
8. Demonstrate the assessment of the infant and child.(Psychomotor)
9. Identify and/or describe the signs and symptoms of the following pediatric conditions: (Cognitive)
   Aspirated foreign body Epiglottitis Asthma
   Bronchiolitis LTB/Croup
10. Identify and/or describe the treatments for the following pediatric conditions: (Cognitive)
    Aspirated foreign body Epiglottitis Asthma
    Bronchiolitis LTB/Croup
11. Describe the indications of a partially obstructed airway in the pediatric patient. (Cognitive)
12. Describe the management of a partially obstructed airway in the pediatric patient. (Cognitive)
13. Demonstrate the techniques of foreign body airway obstruction removal in the infant or child.(Psychomotor)
14. Differentiate the delivery of oxygen and ventilation to the pediatric patient from that provided to the adult. (Cognitive)
15. Demonstrate oxygen delivery for the infant and child.(Psychomotor)
16. Demonstrate bag-valve-mask artificial ventilations for the infant and child.(Psychomotor)
17. Describe how the assessment of hypovolemic shock differs in the infant or child, from the assessment of the adult. (Cognitive)
18. Identify the signs and symptoms of shock in the infant and child patient.(Cognitive)
19. Discuss the management of the infant and child trauma patient. (Cognitive)

20. Describe the immobilization techniques used with children and how they differ from that of an adult patient. (Cognitive)
21. Demonstrate appropriate spinal immobilization of the infant or child.(Psychomotor)
22. Identify and/or describe the signs/symptoms and treatment for the following pediatric traumatic injuries: (Cognitive)
    Head and spine injuries  Chest injuries  Abdominal injuries
23. State the usual cause of cardiac arrest in infants and children versus adults. (Cognitive)
24. Describe the signs of Sudden Infant Death Syndrome and the most common age group effected. (Cognitive)
25. Describe the management of the cardiac arrest patient that may be due to SIDS. (Cognitive)
26. List the common causes of seizures in the infant and child patient. (Cognitive)
27. Identify and/or describe the signs and symptoms, or indicators related to child abuse. (Cognitive)
28. Identify and/or describe the management of the patient with suspected abuse. (Cognitive)
29. Describe the medical legal responsibilities in suspected child abuse. (Cognitive)
30. Understand the rationale for having knowledge and skills appropriate for dealing with the infant and child patient. (Affective)

## EMS Operations

### Vehicle Operations

At the completion of this lesson, the MFR student will be able to:

1. State what information is essential in order to respond to a call. (Cognitive)
2. Discuss various situations that may affect response to a call. (Cognitive)
3. Summarize the importance of preparing the unit for the next response. (Cognitive)
4. Identify what is essential for completion of a call. (Cognitive)
5. List the items on the unit that should be inspected daily for proper function. (Cognitive)
6. List contributing factors to unsafe driving conditions. (Cognitive)
7. Discuss rationale for use of excessive speed. (Cognitive)
8. Describe the techniques used to stop a vehicle from hydroplaning. (Cognitive)
9. List rules for parking the emergency unit at an emergency scene. (Cognitive)
10. Describe the general provisions of state laws relating to the operation of the emergency vehicle and privileges in any or all of the following categories: (Cognitive)
    a. Speed
    b. Warning lights
    c. Sirens
    d. Right-of-way
    e. Parking
    f. Turning
11. Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle.(Cognitive)

**Gaining Access (Rescue Extrication)**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)

| | | |
|---|---|---|
| Confined Space | Cribbing | Extrication |
| Packaging | Protective Clothing | Rescue |
| Size Up | Tempered Glass | Personal Floatation Device |

2. Describe the purpose of extrication. (Cognitive)
3. Discuss the role of the MFR in extrication. (Cognitive)
4. Identify what equipment for personal safety is required during a rescue. (Cognitive)
5. Define the fundamental components of extrication. (Cognitive)
6. State the steps that should be taken to protect the patient during extrication. (Cognitive)
7. Identify and/or describe the following phases of a rescue operation: (Cognitive)

| | |
|---|---|
| Assessment | Gaining access |
| Emergency care | Disentanglement |
| Removal | Transport |

8. List the possible types of hazards at a rescue scene. (Cognitive)
9. Describe the common hazards associated with rescue operations at a motor vehicle crash. (Cognitive)
10. List situations in which patients may have to be moved prior to complete stabilization. (Cognitive)
11. List situations that require special skills or equipment during rescue operations. (Cognitive)
12. Identify precautions that should be taken with a water rescue. (Cognitive)
13. Identify precautions that should be taken for a rescue in a confined space. (Cognitive)
14. Discuss the implications for working with varied specialty rescue operations. (Cognitive)

**Triage, Disaster Planning**

At the completion of this lesson, the MFR student will be able to:

1. Define these terms: (Cognitive)

| | |
|---|---|
| Triage | Triage Officer |
| Incident Command Officer | Incident Command System |
| Transportation Officer | Medical Commander |
| Communications Officer | Staging Area |
| Multiple Casualty Incident | Mass Casualty Incident |
| Critical Incident Stress Debriefing | |

2. Discuss common rules of triage. (Cognitive)
3. Explain the categorization of patients during triage. (Cognitive)
4. Explain how triage tags are used. (Cognitive)

5. List the order in which injuries of a trauma patient are treated in an MCI. (Cognitive)
6. Describe how to set up a triage staging area. (Cognitive)
7. Describe the criteria for a multiple-casualty incident. (Cognitive)
8. Discuss the role of the MFR in the multiple-casualty incident. (Cognitive)
9. Describe basic concepts of the incident command system. (Cognitive)
10. Given a simulated patient scenario, identify which priority should be given to the patient. (Cognitive)
11. Describe the roles of these personnel during a mass casualty incident: (Cognitive)
    - Medical/EMS command
    - Triage officer
    - Transportation officer
    - Treatment officer
    - Staging officer
12. Review the local mass casualty incident plan. (Cognitive)

**Hazardous Materials**

**The IC is encouraged to have this topic presented by a Michigan Fire Fighters Training Council Instructor for certification of students in First Responder Hazardous Materials Awareness.**

At the completion of this lesson, the MFR student will be able to:

1. Define Hazardous Materials. (Cognitive)
2. Describe the recognition of the hazardous materials incident. (Cognitive)
3. Describe the implications for contacting additional resources. (Cognitive)
4. Explain the MFR's role during a call involving hazardous materials, or potentially involving a hazard. (Cognitive)
5. Describe the actions that a MFR should take to ensure bystander safety. (Cognitive)
6. State the role the MFR should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation. (Cognitive)
7. Break down the steps to approaching a hazardous situation. (Cognitive)
8. Discuss the various environmental hazards that affect EMS. (Cognitive)
9. Explain the methods for preventing contamination of self, equipment and facilities. (Cognitive)
10. Explain decontamination procedures for hazardous materials at the awareness level. (Cognitive)
11. Describe the general patient management of patients exposed to hazardous materials. (Cognitive)

**MFR SKILLS TASK ANALYSIS**

**Airway Management/ Oxygen Therapy/ Ventilation:**

| | |
|---|---|
| TA-3 | Manual Airway Maneuvers |
| TA-4 | Nasopharyngeal Airway |
| TA-5 | Oropharyngeal Airway |
| TA-6 | Oxygen Free Flow: Using Nasal Cannula |
| TA-7 | Oxygen Free Flow: Using Simple Face Mask or Reservoir Mask |
| TA-8 | Suctioning with Flexible Catheter |
| TA-9 | Suctioning with Rigid Catheter |
| TA-10 | Ventilation: Bag-Valve-Mask One Rescuer |
| TA-12 | Ventilation: Bag-Valve-Mask Two Rescuer |
| TA-14 | Ventilation: Pocket Mask |
| TA-15 | Ventilation: Mask to Stoma |

**Assessment:**

| | |
|---|---|
| TA-16 | Blood Pressure by Auscultation |
| TA-17 | Blood Pressure by Palpation |
| TA-18 | Capillary Refill |
| TA-19 | Prioritized Assessment Medical Patient |
| TA-21 | Prioritized Assessment Trauma Patient |
| TA-23 | Pulses |
| TA-24 | Pupillary Status |
| TA-25 | Respiratory Status |
| TA-26 | Skin Signs |

**Basic Life Support:**

Refer to current AHA guidelines or equivalent education resources

**Bleeding Control/ Care of Soft Tissue Injuries:**

| | |
|---|---|
| TA-39 | Dressing Application/Bandaging |
| TA-40 | Pressure Dressing Application |
| TA-41 | Tourniquet Application |

| | |
|---|---|
| TA-42 | **Patient Management-Medical Scenario** |
| TA-44 | **Patient Management-Trauma Scenario** |

**Spinal Motion Restriction (Spinal Immobilization):**

| | |
|---|---|
| TA-47 | Cervical Collar Application |
| TA-48 | Helmet Removal Procedure |
| TA-49 | Log Roll Procedure |
| TA-50 | Rapid Extrication Procedure |
| TA-52 | Securing Patient to Long Backboard |
| TA-53 | Short Backboard/KED Application |
| TA-55 | Straddle Slide Procedure |

**Splinting:**

| | |
|---|---|
| TA-56 | Rigid Splint |
| TA-57 | Traction Splint |

**General Pharmacology**

| | |
|---|---|
| TA-58 | Self-injected Epinephrine preparations |

**MFR**
**PRACTICAL EVALUATION FORM**

| **Airway Management: Manual Maneuvers** | **Weight** | **Score 0,1,2** |
|---|---|---|
| **(Modified) Jaw Thrust:** 1. States or demonstrates indication for use: patient unable to maintain own airway with suspected spinal injury**.** | | |
| 2. Utilizes universal precautions as indicated. | | |
| 3. Places hands on either side of patient's head and maintains head in fixed neutral position at all times. | | |
| 4. Uses index fingers to displace mandible forward (upward). | | |
| 5. Performs technique so as to effectively open airway while preventing neck movement. | | |
| **Chin Lift Method:** 1. States or demonstrates indication for use: patient unable to maintain own airway with no risk of spinal injury. | | |
| 2. Utilizes universal precautions as indicated. | | |
| 3. Grasps chin with thumb and index finger of one hand and lifts chin (mandible) upward. | | |
| 4. Holds head in neutral position with other hand. | | |
| 5. Performs technique so as to effectively open airway while limiting neck hyperextension. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Airway Management: Nasopharyngeal Airway (NPA) | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States indications for use: to assist in managing airway in patient who is at risk for loss of airway. May be tolerated in patient with presence of gag reflex. | | |
| 2. | Utilizes universal precautions as appropriate. | | |
| 3. | Chooses and measures proper size NPA. (Center of mouth down to angle of jaw or tip of nose up to ear lobe.) | | |
| 4. | Lubricates NPA with water soluble jelly. | | |
| 5. | Inserts NPA with bevel to floor of nostril or towards the septum following the curvature of the nasopharynx. | | |
| 6. | Does not insert NPA too far, flange of NPA remains outside of nose. | | |
| 7. | States that if resistance is met, NPA is removed and insertion is attempted in other nostril. | | |
| 8. | Maintains patient airway with manual maneuver during scenario. | | |
| 9. | NPA is inserted gently without trauma to nasal cavity. | | |
| 10. | Can state that patient airway must be monitored closely for change in position of NPA and presence of emesis. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Airway Management: Oropharyngeal Airway (OPA) | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States indications for use: to assist in managing airway in patient who is at risk for loss of airway with absence of gag reflex. | | |
| 2. | Utilizes universal precautions as appropriate. | | |
| 3. | Chooses and measures proper size OPA. (Center of mouth down to angle of jaw or corner of mouth up to earlobe.) | | |
| 4. | Opens patient's mouth and inserts OPA with curvature of OPA to side of mouth. (At 90° angle to tongue.) | | |
| 5. | Turns OPA to match curvature of pharynx and inserts airway the rest of the way into the pharynx. | | |
| 6. | Does not insert OPA too far, flange of OPA remains outside of teeth. | | |
| 7. | Maintains patient airway with manual maneuver during scenario. | | |
| 8. | OPA is inserted without trauma to oral cavity and tongue is kept from occluding airway. | | |
| 9. | Can state that patient airway must be monitored closely for change in position of OPA and presence of emesis. | | |
| Passing Score = | Total Possible Score = | Total = | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | **Airway Management/Oxygen Therapy: Free Flow Using Nasal Cannula** | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Properly attaches gauge/regulator to oxygen cylinder and cannula tubing to regulator. | | |
| 2. | Starts oxygen flow (to flush tubing) before seating cannula on patient's face. | | |
| 3. | Adjusts liter flow and sets ordered flow rate. | | |
| 4. | Explains procedure to patient. | | |
| 5. | Places prongs of cannula into patient's nostrils and adjusts device to fit in proper position on patient. | | |
| 6. | Monitors liter flow rate. | | |
| 7. | When ready to discontinue oxygen use, removes cannula from patient and turns off oxygen flow. | | |
| 8. | Administers appropriate oxygen liter flow rate per patient scenario. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.

2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Airway Management/Oxygen Therapy: Free Flow Using Simple Face Mask or Mask with Reservoir Bag | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Properly attaches gauge/regulator to oxygen cylinder and mask tubing to regulator. | | |
| 2. | Starts oxygen flow (to flush tubing) before seating mask on patient's face. If mask with reservoir bag, fills bag before placing on patient. | | |
| 3. | Adjusts liter flow and sets ordered flow rate. | | |
| 4. | Explains procedure to patient. | | |
| 5. | Places mask on patient's face covering nose and mouth and adjusts device to fit in proper position on patient. | | |
| 6. | Monitors liter flow rate. | | |
| 7. | When ready to discontinue oxygen use, removes mask from patient and turns off oxygen flow. | | |
| 8. | Administers appropriate oxygen liter flow rate per patient scenario. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Airway Management: Suctioning with Flexible Catheter | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States indication for suctioning: patient with foreign material in oro or nasopharynx. | | |
| 2. | Utilizes universal precautions as appropriate. | | |
| 3. | Prepares equipment. | | |
| 4. | Turns patient to side before suctioning if possible. | | |
| 5. | Hyperventilates patient prior to suctioning if appropriate. | | |
| 7. | Measures catheter the same method as for OPA. | | |
| 8. | Turns on suction machine and inserts catheter into oral or nasal cavity without suction. | | |
| 8. | Begins suction as catheter is withdrawn with a twisting motion. Uses intermittent suction. | | |
| 9. | When questioned, can state that suctioning is done no longer than 15 seconds before patient is hyperventilated again. | | |
| 10. | Suctioning is performed without trauma to oral or nasal cavity. | | |
| 11. | When questioned, can state that catheter may be cleared by suctioning up water. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Airway Management: Suctioning with Rigid Catheter** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | States indication for suctioning: patient with foreign material in oropharynx. | | |
| 2. | Utilizes universal precautions as appropriate. | | |
| 3. | Prepares equipment. | | |
| 4. | Turns patient to side before suctioning if possible. | | |
| 5. | Hyperventilates patient prior to suctioning if appropriate. | | |
| 6. | Turns on suction machine and inserts catheter into oral cavity without suction. | | |
| 7. | Does not lose sight of end of catheter or measures for depth same as for OPA. | | |
| 8. | Begins suction as catheter is withdrawn and suctions intermittently. | | |
| 9. | When questioned, can state that suctioning is done no longer than 15 seconds before patient is hyperventilated again. | | |
| 10. | Suctioning is performed without trauma to oral cavity. | | |
| 11. | When questioned, can state that catheter may be cleared by suctioning up water. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) One Rescuer | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations being too slow, too rapid or too shallow. | | |
| 2. | Utilizes universal precautions as appropriate. | | |
| 3. | Selects correct size (volume) bag. | | |
| 4. | Positions self to enable operation of bag. | | |
| 5. | Establishes and maintains airway throughout scenario. | | |
| | a. Airway adjuncts are used when no gag reflex present | | |
| | b. Elevates mandible during ventilation | | |
| 6. | Can state why mask is transparent when questioned. | | |
| 7. | Places apex of mask over bridge of nose and base of mask between lower lip and chin. | | |
| 8. | Maintains seal of mask throughout scenario. | | |
| 9. | Ventilates patient at rate appropriate for scenario. | | |
| 10. | Observes adequate rise and fall of patient chest. Ventilates with approximately 600ml of volume if oxygen attached. | | |
| 11. | Releases pressure on bag and patient is allowed to exhale. | | |
| 12. | When questioned, can state 600ml tidal volume should be delivered to apneic adults. | | |
| 13. | When questioned, can state the importance of pop-off valve is to prevent over-inflation of lungs and subsequent damage/gastric distention. (pediatric models only) | | |
| 14. | When questioned, can state that the BVM can deliver 21% oxygen concentration without supplemental oxygen provided. | | |
| 15. | When questioned, can state that the BVM can deliver 90% or higher oxygen concentration with reservoir bag and supplemental oxygen provided. | | |
| 16. | When questioned, can state that the advantage of using a BVM is the ability to monitor compliance of the patients respiratory system. | | |
| Passing Score= | Total Possible Score= | Total= | |

Ventilation, Bag-Valve-Mask, continued:

Comments:

_____ PASS _____ FAIL  EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) Two Rescuer | | | Weight | Score 0,1,2 |
|---|---|---|---|---|
| 1. | States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations being too slow, too rapid or too shallow. | | | |
| 2. | Utilizes universal precautions as appropriate. | | | |
| 3. | Selects correct size (volume) bag. | | | |
| 4. | One rescuer provides airway management throughout scenario. | | | |
| | a. | Airway adjuncts are used when no gag reflex present | | |
| | b. | Elevates mandible during ventilation | | |
| | c. | Maintains seal of mask throughout scenario. | | |
| | d. | Can state why mask is transparent when questioned. | | |
| | e. | Places apex of mask over bridge of nose and base of mask between lower lip and chin. | | |
| 5. | Second rescuer operates BVM using two hands to squeeze the bag and ventilate patient. | | | |
| | a. | Ventilates patient at rate appropriate for scenario. | | |
| | b. | Observes adequate rise and fall of patient chest. Ventilates with approximately 600ml of volume if oxygen attached. | | |
| | c. | Releases pressure on bag and patient is allowed to exhale. | | |
| | d. | Attaches oxygen tubing to BVM to increase concentration of oxygen delivered. | | |
| 6. | When questioned, can state 600ml tidal volume should be delivered to apneic adults. | | | |
| 7. | When questioned, can state the importance of pop-off valve is to prevent over-inflation of lungs and subsequent damage/gastric distention. (pediatric models only) | | | |
| 8. | When questioned, can state that the BVM can deliver 21% oxygen concentration without supplemental oxygen provided. | | | |

Ventilation, Bag-Valve-Mask, Two Rescuer, continued:

**MFR**
**PRACTICAL EVALUATION FORM**

| | **Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) Two Rescuer** | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 9. | When questioned, can state that the BVM can deliver 90% or higher oxygen concentration with reservoir bag and supplemental oxygen provided. | | |
| 10. | When questioned, can state that the advantage of using a BVM is the ability to monitor compliance of the patients respiratory system. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task**

**prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Airway Management/Oxygen Therapy/Ventilation: Pocket Mask | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations that are too slow, too rapid or too shallow. | | |
| 2. | Utilizes universal precautions. | | |
| 3. | Identifies pocket mask and assembles one-way valve. | | |
| 4. | Establishes and maintains airway throughout scenario. | | |
| 5. | Places mask correctly over patient's face. | | |
| 6. | Maintains adequate seal on mask throughout scenario. | | |
| 7. | Ventilates patient at appropriate rate for scenario. | | |
| 8. | Observes adequate rise and fall of patient chest. Ventilation is approximately 700-1000ml mask only, 400-600ml with oxygen. | | |
| 9. | Removes mouth from mask to allow patient exhalation. | | |
| 10. | When questioned, can state ventilation is 700-1000ml mask only, 400-600ml with oxygen. | | |
| 11. | When questioned, can state that supplemental oxygen must be attached to the mask as soon as possible to administer high concentration of oxygen. | | |
| 12. | When questioned, can state that compliance is easy to monitor during pocket mask ventilation. | | |
| 13. | When questioned, can state the cleaning requirements for reusable mask. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Airway Management/Oxygen Therapy/Ventilation: Mask Over Stoma** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 1. States or demonstrates need for ventilation to stoma: patient with stoma needing ventilatory assistance. | | |
| 2. When questioned, can state the anatomy and physiology of a stoma:<br>a. tracheostomy: the pharynx and trachea are still connected.<br>b. laryngostomy: the pharynx and trachea may not be connected. (Full or partial stoma breather) | | |
| 3. Utilizes universal precautions as appropriate. | | |
| 4. States or demonstrates that stoma may need to be cleared of secretions for adequate ventilation. | | |
| 5. Places soft pliable mask over stoma and ventilates with rescuer's mouth or BVM. | | |
| 6. Maintains seal on mask throughout scenario. | | |
| 7. Evaluates for escape of air through patient upper airway and evaluates chest rise and fall. | | |
| 8. If air escaping, flexes head on neck and attempts to close mouth and nose of patient to limit air escape. | | |
| 9. When questioned, can state that supplemental oxygen should be attached to mask as soon as possible. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task**

**prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment: Blood Pressure by Auscultation** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Prepares stethoscope and sphygmomanometer. | | |
| 2. | Places patient and patient arm in proper position for blood pressure measurement when possible. | | |
| 3. | Places cuff, so that lower edge is about 1" above the crease of the elbow, with the center of bladder over the brachial artery. | | |
| 4. | Places stethoscope diaphragm over brachial artery. | | |
| 5. | Inflates cuff above the systolic pressure until the arterial sounds are no longer heard. | | |
| 6. | Deflates cuff slowly enough to allow recognition and notation of the onset of arterial sounds and point at which sounds disappear. | | |
| 7. | Recognizes that prolonged cuff inflation or repeated inflations will result in inaccurate blood pressure. | | |
| 8. | Reports accurate blood pressure. | | |
| 9. | When questioned, can identify abnormal blood pressure reading. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:
0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment: Blood Pressure by Palpation** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Prepares sphygmomanometer recognizing that the stethoscope is not needed for this task. | | |
| 2. | Places patient and patient arm in proper position for blood pressure measurement when possible. | | |
| 3. | Places cuff, so that lower edge is about 1" above the crease of the elbow, with the center of bladder over the brachial artery. | | |
| 4. | Identifies and palpates pulse present distal to cuff. | | |
| 5. | Inflates cuff above the systolic pressure until the pulse can no longer be felt. | | |
| 6. | Deflates cuff slowly enough to allow recognition of the pulse return. Cuff is then fully deflated. | | |
| 7. | Recognizes that diastolic measurement is not obtainable by palpation. | | |
| 8. | Recognizes that prolonged cuff inflation or repeated inflations will result in inaccurate blood pressure. | | |
| 9. | Reports accurate systolic blood pressure. | | |
| 10. | When questioned, can identify abnormal blood pressure reading. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Assessment: Capillary Refill | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | When questioned, can state that capillary refill is a valuable sign to be evaluated especially in infants and children. | | |
| 2. | Evaluates nail bed for skin color. Identifies abnormal color present (ie; cyanosis, jaundice). | | |
| 3. | Applies sufficient pressure to nail bed to blanch out color from capillary bed. | | |
| 4. | Releases pressure and counts seconds required for return of color to nail bed. | | |
| 5. | Can identify that capillary refill greater than two seconds indicates impaired circulation. | | |
| 6. | Can state, when questioned, the effects of cold environment on capillary bed. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment:**<br>**Prioritized Assessment Medical Patient** | **Weight** | **Score**<br>**0,1,2** |
|---|---|---|
| **Scene Size Up** | | |
| 1. Overviews the scene for safety, mechanism of injury, environmental conditions. | | |
| 2. Determines number of patients, requests additional help if needed. | | |
| 3. Considers need for spinal motion restriction. | | |
| **Initial Assessment (Primary Survey)**<br>4. Verbalizes general impression of patient. | | |
| 5. Determines chief complaint, apparent life threats. | | |
| 6. Determines patient's responsiveness. | | |
| 7. Evaluates status of airway. | | |
| 8. Determines breathing is present. | | |
| 9. Determines pulse is present.<br>a. Evaluates patient for major bleeding.<br>b. Evaluates skin signs (color, temp, moisture). | | |
| 10. Determines patient's priority, makes transport decision | | |
| **Focused Physical Exam and History** (Secondary Survey) | | |
| 11. Assesses History of Present Illness<br>a. Events leading to present illness (rule out trauma)<br>b. Last Meal | | |
| 12. Assesses Past Medical History<br>a. Allergies<br>b. Medications<br>c. Checks for medic alert tags | | |
| 13. Performs focused physical exam (Assesses affected body area/system, or if indicated, completes rapid assessment) | | |
| 14. Obtains baseline vital signs:<br>a. Evaluates breathing rate<br>b. Evaluates pulse rate<br>c. Evaluates blood pressure (auscultated or palpated)<br>d. Compares central and peripheral pulse (now or earlier) | | |

| | | |
|---|---|---|
| 15. Re-evaluates transport decision | | |

Continued:

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment: Prioritized Assessment Medical Patient** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 16. Completes detailed assessment | | |
| 17. Verbalizes on-going assessment | | |
| 18. Determines patient condition | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Self-injected Epinephrine Administration Critical Interventions** | **Weight** | **Score 0, 1, 2** |
|---|---|---|
| 1.Assures scene safety and PPE | | |
| 2. Able to identify route of Epi-pen administration | | |
| 3. Can state the 5 rights | | |
| 4. Can state the appropriate patient conditions for the use of Epi-pen | | |
| 5. Can state the dose of Epi-pen for both adult and pediatrics | | |
| 6. Demonstrates general steps for assisting with Epi-pen injection | | |
| 7. Reassesses patient after administration of Epi-pen | | |
| Documents time of drug administration | | |
| **Total:** | **16** | |

**Critical Criteria**

**__Did not take or verbalize BSI precautions**
**__Did not assess for anaphylaxis**
**__Did not check the 5 rights**
**__Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)**
**__Performed in a manner that would harm a patient**

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment:**<br>**Prioritized Assessment Trauma Patient** | **Weight** | **Score**<br>**0,1,2** |
|---|---|---|
| **Scene Size Up** | | |
| 1. Overviews scene for safety, mechanism of injury/nature of illness | | |
| 2. Determines number of patients, requests additional help if needed | | |
| 3. Considers stabilization of spine | | |
| **Initial Assessment (Primary Survey)**<br>4. Verbalizes general impression of patient | | |
| 5. Determines chief complaint/apparent life threats | | |
| 6. Determines patient's responsiveness (LOC) | | |
| 7. Evaluates status of airway | | |
| 8. Determines breathing is present | | |
| 9. Determines pulse is present<br>a. Evaluates patient for major bleeding<br>b. Evaluates skin signs (color, temp, moisture) | | |
| 10. Determines patient's priority, makes transport decision | | |
| **Focused Physical Exam and History (Secondary Survey)**<br>**or Rapid Trauma Assessment** | | |
| 11. Selects appropriate assessment (focused or rapid) | | |
| 12. Obtains baseline vital signs:<br>a. Evaluates breathing rate<br>b. Evaluates pulse rate<br>c. Evaluates blood pressure (auscultated or palpated)<br>d. Compares central and peripheral pulse | | |
| 13. Obtains SAMPLE History | | |
| 14. Assesses the head :<br>a. Palpates head/scalp<br>b. Palpates facial bones, nose<br>c. Evaluates mouth, oral cavity, ears<br>d. Evaluates pupils | | |
| 15. Assesses the neck:<br>a. Evaluates trachea<br>b. Assesses neck veins<br>c. Palpates cervical spine | | |
| 16. Assesses the chest:<br>a. Inspects and palpates | | |

| | | |
|---|---|---|
| b. Evaluates breath sounds | | |

Continued:

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment:**<br>**Prioritized Assessment Trauma Patient** | **Weight** | **Score**<br>**0,1,2** |
|---|---|---|
| 17. Assesses the abdomen/pelvis:<br>a. Assesses the abdomen<br>b. Evaluates pelvis<br>c. Evaluates genitalia (verbalize) | | |
| 18. Evaluates extremities:<br>a. Inspects, palpates lower extremities<br>b. Inspects, palpates upper extremities<br>c. Checks pulse, movement and sensation each extremity | | |
| 19. Evaluates posterior (thorax and lumbar) | | |
| 20. Checks for medic alert tags | | |
| 21. Determines all injuries (give 3 injuries, one point per injury) | | |
| 22. Verbalizes on-going assessment | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment: Pulses** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | When questioned can locate these pulse points on the body:<br>Carotid Brachial<br>Ulnar Femoral<br>Radial Posterior Tibial<br>Dorsal Pedis | | |
| 2. | Locates one of the major pulse points, properly positions fingers and palpates patient's pulse. | | |
| 3. | Rate of pulse is reported accurately. | | |
| 4. | When questioned, can state which pulses will disappear first when there is hypoperfusion. | | |
| 5. | When questioned, can state the significance of the presence of distal pulses in regard to measurement of systolic blood pressure. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Assessment: Pupillary Status** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Can state that pupils are evaluated for:<br>a. Equality of size<br>b. Roundness (shape)<br>c. Reactivity to light<br>d. Rate of reaction<br>e. Ability of eyes to move together | | |
| 2. | Observes eyes for abnormal gaze or unusual movement. | | |
| 3. | Observes and records size of pupils in ambient light. | | |
| 4. | Using light source, shines bright light into one eye and observes constriction response. | | |
| 5. | Repeats assessment of other pupil. | | |
| 6. | Evaluates response of pupil when shining light into opposite eye. (Consensual response) | | |
| 7. | Asks patient to follow track of light to evaluate eye movement ability. (Optional field assessment) | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task**

**prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Assessment: Respiratory Status | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Can state the importance of the respiratory evaluation: to evaluate effect of injury or illness on patient's ability to bring oxygen into the body and exhale carbon dioxide. | | |
| 2. | Rescuer puts hand or face near patient's mouth and nose to evaluate amount of air moving in and out of system, and to listen to abnormal noises. | | |
| 3. | Observes chest for symmetrical movement, deformity, abnormal chest wall movement. | | |
| 4. | Counts rise and fall of chest and reports respiratory rate for one minute. Reports respiratory quality and any abnormal respiratory pattern. | | |
| 5. | When questioned, can state the significance and need for assistance with rapid, shallow, labored, or slow breathing. | | |
| 6. | Auscultates the chest at four points minimally for presence or absence of breath sounds. | | |
| 7. | Reports any abnormal sounds indicating obstruction of airways or presence of secretions. | | |
| 8. | Reports any difference in breath sounds when comparing side to side. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task**

**prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Assessment: Skin Signs | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | States the importance of assessing the skin: to determine peripheral perfusion, nervous system response, and hydration. | | |
| 2. | Observes skin for color. Reports color, location and the significance of abnormal findings. | | |
| 3. | Observes skin moisture. Reports findings and significance. | | |
| 4. | Observes skin turgor and reports the status of the patient's hydration. | | |
| 5. | Observes skin temperature in two locations for comparison. Reports findings and their significance. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Bleeding Control/Care of Soft Tissue Injuries: Dressing Application/Bandaging** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Utilizes universal precautions as appropriate. | | |
| 2. | Prepares equipment/supplies. | | |
| 3. | Opens dressing with clean technique. | | |
| 4. | Applies dressing without contaminating wound. | | |
| 5. | Applies adequate pressure to control bleeding. | | |
| 6. | Secures dressing with appropriate bandage, wrapping towards the heart without compromising distal circulation. | | |
| 7. | Evaluates distal circulation after bandage is applied. | | |
| 8. | States that bleeding is monitored and additional dressings are added as needed. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Bleeding Control/Care of Soft Tissue Injuries: Pressure Dressing Application** | | **Weight** | **Score 0,1,2** |
|---|---|---|---|
| 1. | Utilizes universal precautions as appropriate. | | |
| 2. | Prepares equipment/supplies. | | |
| 3. | Bleeding is controlled initially by direct pressure to wound. | | |
| 4. | Prepares dressing with clean technique. | | |
| 5. | Applies dressing without contaminating wound. | | |
| 6. | Applies adequate pressure to control bleeding. | | |
| 7. | Secures dressing with appropriate bandage, wrapping towards the heart without compromising distal circulation. | | |
| 8. | Evaluates distal circulation after bandage is applied. | | |
| 9. | States that bleeding is monitored and additional dressings are added as needed. | | |
| 10. | When questioned, can state that an occlusive dressing would be applied to an open wound near the neck area to prevent air embolism. | | |
| 11. | When questioned, can state that an occlusive dressing would be applied to any open wound on the chest (anterior/posterior). | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**PRACTICAL EVALUATION FORM**

| **Bleeding Control/Care of Soft Tissue Injuries: Tourniquet Application** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 1. States indications for use: last resort in bleeding control when other methods have failed or in mass casualty incident to control major bleeding. | | |
| 2. States complications of tourniquet use:<br>a. Tissue ischemia, necrosis<br>b. Potential for necessary amputation (due to ischemia) | | |
| 3. Utilizes universal precautions as appropriate. | | |
| 4. Chooses and applies wide band of material over padded vessel. | | |
| 5. The material is placed around the extremity at a point proximal to the bleeding but as distal on the extremity as possible. | | |
| 6. Tightens the tourniquet until bleeding stops. | | |
| 7. Secures the tourniquet to prevent loosening. | | |
| 8. States that the tourniquet is not loosened until the patient is in the hospital. | | |
| 9. Clearly identifies the patient has a tourniquet in place. (For example, a piece of tape is placed on patient forehead with a large "T" or "TK" to identify a tourniquet is being used.) | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Patient Management (Assessment)<br>Prioritized Assessment Medical Patient | Weight | Score<br>0,1,2 |
|---|---|---|
| **Scene Size Up** | | |
| 1. Overviews the scene for safety, mechanism of injury, environmental conditions. | | |
| 2. Determines number of patients, requests additional help if needed. | | |
| 3. Considers need for spinal motion restriction. | | |
| **Initial Assessment (Primary Survey)**<br>4. Verbalizes general impression of patient. | | |
| 5. Determines chief complaint, apparent life threats. | | |
| 6. Determines patient's responsiveness. | | |
| 7. Evaluates status of airway. | | |
| 8. Determines breathing is present. | | |
| 9. Determines pulse is present.<br>a. Evaluates patient for major bleeding.<br>b. Evaluates skin signs (color, temp, moisture). | | |
| 10. Determines patient's priority, makes transport decision | | |
| **Focused Physical Exam and History** (Secondary Survey) | | |
| 11. Assesses History of Present Illness<br>a. Events leading to present illness (rule out trauma)<br>b. Last Meal | | |
| 12. Assesses Past Medical History<br>a. Allergies b. Medications c. Checks for medic alert tags | | |
| 13. Performs focused physical exam (Assesses affected body area/system, or if indicated, completes rapid assessment) | | |
| 14. Obtains baseline vital signs:<br>a. Evaluates breathing rate<br>b. Evaluates pulse rate<br>c. Evaluates blood pressure (auscultated or palpated)<br>d. Compares central and peripheral pulse (now or earlier) | | |
| 15. Re-evaluates transport decision | | |
| 16. Completes detailed assessment | | |

Continued:

**MFR**
**PRACTICAL EVALUATION FORM**

| **Patient Management (Assessment)**<br>**Prioritized Assessment Medical Patient** | **Weight** | **Score**<br>**0,1,2** |
|---|---|---|
| 17. Verbalizes on-going assessment | | |
| 18. Determines patient condition | | |
| Passing Score= Total Possible Score= | Total= | |

| Patient Management:<br>Medical Scenario | Weight | Score<br>0,1,2 |
|---|---|---|
| **Management:** | | |
| 1. Moves patient to position of comfort | | |
| 2. Uses manual maneuver to open airway if inadequate | | |
| 3. Uses basic airway adjunct if indicated. | | |
| 4. Clears airway with suction if indicated. | | |
| 5. Provides appropriate oxygen therapy. | | |
| 6. Assists ventilation if rate or depth of breathing is inadequate. | | |
| 7. Controls major bleeding, manages shock. | | |
| 8. Reassures patient. | | |
| 9. Communicates appropriately with patient. | | |
| 10. Verbalizes plan for patient transport. | | |
| 11. Manages non life-threatening conditions after life-threatening conditions. | | |
| 12. Re-evaluates patient condition throughout scenario. | | |
| 13. Acknowledges need for ALS. | | |
| 14. Utilizes universal precautions as appropriate. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.

1=Completed procedure but was not totally effective.

2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Patient Management (Assessment)<br>Prioritized Assessment Trauma Patient | Weight | Score<br>0,1,2 |
|---|---|---|
| **Scene Size Up** | | |
| 1. Overviews scene for safety, mechanism of injury/nature of illness | | |
| 2. Determines number of patients, requests additional help if needed | | |
| 3. Considers stabilization of spine | | |
| **Initial Assessment (Primary Survey)**<br>4. Verbalizes general impression of patient | | |
| 5. Determines chief complaint/apparent life threats | | |
| 6. Determines patient's responsiveness (LOC) | | |
| 7. Evaluates status of airway | | |
| 8. Determines breathing is present | | |
| 9. Determines pulse is present<br>a. Evaluates patient for major bleeding<br>b. Evaluates skin signs (color, temp, moisture) | | |
| 10. Determines patient's priority, makes transport decision | | |
| **Focused Physical Exam and History (Secondary Survey)<br>or Rapid Trauma Assessment** | | |
| 11. Selects appropriate assessment (focused or rapid) | | |
| 12. Obtains baseline vital signs:<br>a. Evaluates breathing rate<br>b. Evaluates pulse rate<br>c. Evaluates blood pressure (auscultated or palpated)<br>d. Compares central and peripheral pulse | | |
| 13. Obtains SAMPLE History | | |
| 14. Assesses the head :<br>a. Palpates head/scalp<br>b. Palpates facial bones, nose<br>c. Evaluates mouth, oral cavity, ears<br>d. Evaluates pupils | | |
| 15. Assesses the neck:<br>a. Evaluates trachea<br>b. Assesses neck veins<br>c. Palpates cervical spine | | |
| 16. Assesses the chest:<br>a. Inspects and palpates<br>b. Evaluates breath sounds | | |

Continued:

**MFR**
**PRACTICAL EVALUATION FORM**

| **Patient Management (Assessment)**<br>**Prioritized Assessment Trauma Patient** | **Weight** | **Score**<br>**0,1,2** |
|---|---|---|
| 17. Assesses the abdomen/pelvis:<br>a. Assesses the abdomen<br>b. Evaluates pelvis<br>c. Evaluates genitalia (verbalize) | | |
| 18. Evaluates extremities:<br>a. Inspects, palpates lower extremities<br>b. Inspects, palpates upper extremities<br>c. Checks pulse, movement and sensation each extremity | | |
| 19. Evaluates posterior (thorax and lumbar) | | |
| 20. Checks for medic alert tags | | |
| 21. Determines all injuries (give 3 injuries, one point per injury) | | |
| 22. Verbalizes on-going assessment | | |
| Passing Score= Total Possible Score= | Total= | |

| Patient Management:<br>Trauma Scenario | Weight | Score<br>0,1,2 |
|---|---|---|
| **Management:** | | |
| 1. Provides spinal motion restriction (cervical spine) manually. | | |
| 2. Uses manual airway maneuver to open airway if inadequate | | |
| 3. Uses basic airway adjunct if indicated | | |
| 4. Clears airway with suction if indicated | | |
| 5. Provides appropriate oxygen therapy | | |
| 6. Assists ventilation if rate or depth of breathing is inadequate. | | |
| 7. Controls major bleeding. | | |
| 8. Stabilizes injuries (fractures) appropriately. | | |
| 9. Manages soft tissue injury appropriately. | | |
| 10. Stabilizes major chest injury when indicated (flail segment or open wound). | | |
| 11. Verbalizes spinal motion restriction (immobilization) as indicated. | | |
| 12. Manages non life-threatening injury after life threatening conditions. | | |
| 13. Re-evaluates patient condition throughout scenario. | | |
| 14. Acknowledges need for ALS | | |
| 15. Utilizes universal precautions | | |
| Passing score Total Possible Score | | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Spinal Motion Restriction (Immobilization): Cervical Collar Application** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 1. States indications for spinal motion restriction (immobilization):<br>a. Any patient at risk to spinal injury as evaluated by mechanism of injury<br>b. Spinal tenderness, pain, deformity<br>c. Presence of head injury | | |
| 2. Manually stabilizes cervical spine using bony prominences of head. | | |
| 3. Returns and maintains the head in neutral position. | | |
| 4. Appropriate size C-collar is chosen. | | |
| 5. Assesses status of neck veins and trachea before collar applied. | | |
| 6. Applies collar while strict spinal stabilization is maintained. | | |
| 7. Stabilization of spine is continued until further spinal motion restriction (immobilization) equipment is applied. | | |
| 8. When questioned, states complications of poor fitting collar:<br>a. Too tight can cause venous back flow<br>b. Too loose does not immobilize head on neck | | |
| 9. When questioned, states that cervical collars come in many sizes and must be fitted according to manufacturer's directions. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Spinal Motion Restriction (Immobilization): Helmet Removal Procedure | Weight | Score 0,1,2 |
|---|---|---|
| 1. States indications for helmet removal:<br>a. Unable to maintain airway access for assessment and potential management<br>b. Helmet is loose | | |
| 2. States contraindication for helmet removal: complexity of equipment hinders safe removal | | |
| 3. Manually stabilizes spine while holding helmet. If helmet is assessed to be loose, hands are placed up under the helmet to bony prominences of head. (During helmet removal, the head is best held with one hand posterior on the occiput while the other hand is anterior grasping across the maxilla if possible, or mandible.) | | |
| 4. A second rescuer removes helmet straps. | | |
| 5. Spinal stabilization is maintained during removal of the helmet. | | |
| 6. The second rescuer spreads helmet and removes. Care is taken not to injure the nose or ears. | | |
| 7. The head is maintained in neutral position and not allowed to drop. | | |
| 8. If transfer of spinal stabilization is done from one rescuer to another, it is done without movement of the spine. | | |
| 9. Head and spine are padded to maintain neutral alignment. | | |
| 10. States need for addition of other equipment to complete spinal motion restriction (immobilization) process. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Spinal Motion Restriction (Immobilization): Log Roll Procedure Onto Backboard | Weight | Score 0,1,2 |
|---|---|---|
| 1. States indications for spinal motion restriction (immobilization):<br>a. Any patient at risk to spinal injury as evaluated by mechanism of injury<br>b. Spinal tenderness, pain, deformity<br>c. Presence of head injury | | |
| 2. Manual stabilization of cervical spine is in place. | | |
| 3. Head is maintained in neutral position. | | |
| 4. Cervical collar has been fitted and properly put in place. | | |
| 5. Patient's extremities are placed in neutral position in preparation for log roll. | | |
| 6. Long backboard is placed along side of the patient. | | |
| 7. Rescuers are positioned to control the (head and neck), the thorax, and the pelvis with lower extremities. | | |
| 8. The patient is rolled up on to their side, past 90° if possible, without torsion or flexion to the spine. | | |
| 9. The posterior of the patient is assessed during this time. | | |
| 10. The long backboard is placed tightly against the patient. | | |
| 11. The patient is rolled down on to the backboard, without losing spinal alignment. | | |
| 12. If necessary, the patient is slid on the long axis into proper position without losing spinal alignment. | | |
| 13. Neurological status of patient is assessed before and after movement. | | |
| 14. Stabilization of the spine is maintained throughout patient handling. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Spinal Motion Restriction (Immobilization): Rapid Extrication Procedure | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Can state indications for procedure: unstable patient with known or suspected spinal injury. | | |
| 2. | Upon gaining access to patient, immediately stabilizes cervical spine in neutral position. | | |
| 3. | Patient assessment is performed including distal neuro-vascular exam. | | |
| 4. | When questioned, can state why this patient requires rapid extrication. | | |
| 5. | Correctly applies cervical collar. | | |
| 6. | One rescuer stabilizes head and c-spine through the access opening of vehicle. | | |
| 7. | Second rescuer slides hand and arm down behind the patient to serve as a "splint" for the back. The rescuer's other arm is used to grasp patient's torso. | | |
| 8. | A third rescuer moves the patient's lower extremities, typically lifting the weight to ease in patient rotation and movement. | | |
| 9. | In one unified motion, the patient is rotated from a sitting position, to line up with the long backboard and is lowered to long backboard. | | |
| 10. | Rescuers supporting head, neck and torso, move the patient in a neutral position without causing movement of the spinal column that may cause further injury. | | |
| 11. | Spinal motion restriction (immobilization) is performed on long backboard with padding of voids to maintain neutral spinal alignment. | | |
| 12. | Torso is secured, before head is secured to long backboard. | | |
| 13. | Patient's condition is monitored throughout procedure. | | |
| 14. | Neurovascular status is assessed before and after patient movement. | | |
| 15. | All patient movement is performed safely without risk to rescuers or patient. | | |
| Passing Score= | Total Possible Score= | Total= | |

Rapid Extrication continued:

Comments:

_____ PASS _____ FAIL  EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Spinal Motion Restriction (Immobilization): Securing Patient to Long Backboard** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 1. States indications for spinal motion restriction (immobilization):<br>a. Any patient at risk to spinal injury, as evaluated by mechanism of injury<br>b. Spinal tenderness, pain, deformity<br>c. Presence of head injury | | |
| 2. Patient has been placed on long backboard maintaining neutral spinal alignment with cervical collar in place. | | |
| 3. Maintains manual cervical spine stabilization until spinal motion restriction (immobilization) equipment secures head and spine from movement. | | |
| 4. Pads all potential voids to maintain neutral spinal alignment. | | |
| 5. Applies a minimum of two straps to the thorax and pelvis areas strapping over bony structures. | | |
| 6. Secures the head to the board to maintain cervical spine alignment. | | |
| 7. Secures the lower extremities before patient transport. | | |
| 8. Straps are tightened and secured enough that the patient can be turned on their side while attached to the board and spinal alignment is maintained. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Spinal Motion Restriction (Immobilization): Short Backboard/KED Application | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Knows indication for use: suspected or known cervical spine injury for stable patient in sitting position. | | |
| 2. | Manual stabilization of the spine is maintained in neutral position throughout application of the device. | | |
| 3. | Prioritized assessment is performed prior to application of device. | | |
| 4. | Neurovascular assessment is done prior to application of device. | | |
| 5. | Cervical collar is applied correctly. | | |
| 6. | Any movement of the patient is done to gain access to positioning of the device. Patient's spine remains stabilized in neutral position. | | |
| 7. | Device is positioned correctly behind patient. | | |
| 8. | Device is strapped to the patient's torso correctly. | | |
| 9. | Device is strapped to the patient's pelvis correctly. | | |
| 10. | Patient's position is corrected to a neutral position as necessary during application of device. | | |
| 11. | Patient's head is secured correctly to the device. | | |
| 12. | Padding is applied as necessary for comfort and positioning. | | |
| 13. | Patient's condition is monitored throughout application of equipment. | | |
| 14. | Patient is rotated (or lowered) correctly onto a long backboard. | | |
| 15. | Movement of patient is done with safety precautions for patient and rescuers. | | |
| 16. | Patient is secured on to long back board in correct position. | | |
| 17. | Patient is re-secured to device as necessary to maintain neutral positioning of spine. | | |
| 18. | Neurovascular status is assessed after patient movement. | | |
| 19. | Patient comfort is monitored and maintained as indicated. | | |
| Passing Score= | Total Possible Score= | Total= | |

Short Backboard Application continued:

Comments:

_____ PASS _____ FAIL  EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| **Spinal Motion Restriction (Immobilization): Straddle Slide Procedure Onto Backboard** | **Weight** | **Score 0,1,2** |
|---|---|---|
| 1. States indications for spinal motion restriction (immobilization):<br>a. Any patient at risk to spinal injury as evaluated by mechanism of injury<br>b. Spinal tenderness, pain, deformity<br>c. Presence of head injury | | |
| 2. Manual stabilization of cervical spine is maintained in neutral position. | | |
| 3. Cervical collar has been fitted and properly put in place. | | |
| 4. Patient's extremities are placed in neutral position in preparation for log roll. | | |
| 5. Long backboard is placed at head, or feet, of patient with someone available to slide the board under patient. | | |
| 6. Rescuers are positioned to stabilize and lift the head and neck, both sides of the thorax, both sides of the pelvis, and the lower extremities. Rescuers may straddle the patient to lift, or work from the side of patient. | | |
| 7. The patient is lifted just enough to allow the board to be passed under the patient. | | |
| 8. Patient is lowered on to board in proper position. | | |
| 9. Spinal alignment is maintained throughout patient handling. | | |
| 10. Neurovascular status is assessed before and after patient movement. | | |
| Passing Score= Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| Splinting: Rigid Splint | | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Prepares equipment, selecting splint that will splint joints above and below the injury site. | | |
| 2. | Utilizes universal precautions as indicated. | | |
| 3. | Stabilizes injury site manually. | | |
| 4. | Assesses neurovascular status distal to injury. | | |
| 5. | Pads splint and stabilizes injury in appropriate position. | | |
| 6. | Secures splint in a manner which results in the injury being immobilized in all planes. | | |
| 7. | Splinting is done without causing further harm to patient. | | |
| 8. | Neurovascular status is re-evaluated distal to the injury site after splinting and further movement. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key:

0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**MFR**
**PRACTICAL EVALUATION FORM**

| | Splinting: Traction Splint | Weight | Score 0,1,2 |
|---|---|---|---|
| 1. | Can state the indication for traction splinting: a patient with mid-shaft femur fracture (when prioritization of other injuries allows time for splinting). | | |
| 2. | Can state that the purpose of traction is to reduce muscle spasm and is not intended to align the fracture. (Should not be used with severely deformed compound fracture.) | | |
| 3. | Utilizes universal precautions as appropriate. | | |
| 4. | Stabilizes the site of injury. Applies manual traction to the distal extremity until the patient feels some relief. | | |
| 5. | Once traction is applied, it is not released. | | |
| 6. | Applies device to foot or ankle that will apply traction from splint. Device is padded so circulation is not occluded. | | |
| 7. | Sizes splint and places in correct position. | | |
| 8. | Pads splint as needed and attaches ischial strap. | | |
| 9. | Attaches device securing foot/ankle to traction splint and applies traction. | | |
| 10. | Applies smooth mechanical traction equivalent to the manual traction that was held. | | |
| 11. | Places any additional support to splint that is needed. (Additional bandaging, foot-rest, etc.) | | |
| 12. | Re-evaluates distal neurovascular status. | | |
| 13. | Splinting is performed without further injury to patient. | | |
| Passing Score= | Total Possible Score= | Total= | |

Comments:

____ PASS _____ FAIL EVALUATOR'S SIGNATURE_____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure, but was not totally effective.
2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation**.