### Blind Insertion Airway Device

<table>
<thead>
<tr>
<th>Task</th>
<th>Pass</th>
<th>Fail</th>
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</thead>
<tbody>
<tr>
<td>Identifies indication / contraindications for BIAD</td>
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<tr>
<td>Assembles equipment (includes checking cuffs for leakage, lubricating tube, end-tidal CO2 detector and/or capnography, pulse ox, and having suction on-hand)</td>
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<tr>
<td>Pre-oxygenates patient with BVM</td>
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<td></td>
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<tr>
<td>Positions patient's head properly</td>
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<td></td>
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<tr>
<td>Inserts airway properly</td>
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<tr>
<td>Inflates cuffs (to manufacturer's recommendations)</td>
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<tr>
<td>Ventilates patient and listens for breath sounds</td>
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<tr>
<td>Secures BIAD to patient</td>
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<tr>
<td>Confirms tube placement using waveform capnography</td>
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<tr>
<td>Discusses the indications for BIAD removal</td>
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**Bolded items represent “automatic failures” and the need for retesting.**

### Airway Orotracheal Intubation (ETT)

<table>
<thead>
<tr>
<th>Task</th>
<th>Pass</th>
<th>Fail</th>
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</thead>
<tbody>
<tr>
<td>Identifies indication and complications of intubation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assembles equipment (includes checking cuff for leakage, lubricating tube, and having suction on-hand)</td>
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<tr>
<td>Pre-oxygenates patient with BVM</td>
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<tr>
<td>Positions patient's head properly, insert laryngoscope and visualizes vocal cords appropriately</td>
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<tr>
<td>Insert ETT through the vocal cords (maximum of three attempts)</td>
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<tr>
<td>Attach waveform capnography, ventilate patient and assesses breath sounds (confirm placement-capnography)</td>
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<tr>
<td>Adjusts of removes tube if indicated</td>
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<tr>
<td>Inflate cuff on ETT reassess breath sounds, and secure ETT to patient</td>
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</tbody>
</table>

**Bolded items represent “automatic failures” and the need for retesting.**

Evaluator: ______________________________

Pass      Fail

Evaluator: ______________________________

Pass      Fail
Nebulized Medication Administration

____ Identifies indication for medication, dosage and that no contraindications are present

____ Explains procedure to patient

____ Assembles equipment (includes correct medication and dosage, checking expiration dates, purity)

____ Pours correct amount of medication into reservoir well of nebulizer

____ Connects nebulizer to oxygen source and adjusts oxygen flow

____ Encourages patient to inhale normally through the mouthpiece or nebulizer mask until medication is depleted.

____ Reassesses patient

Bolded items represent “automatic failures” and the need for retesting.

Evaluator: ________________________________

Pass Fail

Airway – CPAP (Continuous Positive Airway Pressure)

____ Identifies indication(s) / contraindication(s) for CPAP/PEEP

____ Ensures adequate oxygen supply to ventilation device and nasal capnography is applied

____ Explains procedure to patient and consider placement of a nasopharyngeal airway

____ Places delivery mask over patient’s mouth and nose. Oxygen should be flowing through device.

____ Secures mask with provided straps starting with lower straps with minimal air leak

____ If PEEP adjustable on CPAP device, adjust the PEEP

____ Reassess patient response, assessing breath sounds, oxygen saturation, general appearance and nasal capnography

____ Titrate oxygen levels to patient’s response.

____ Encourage patient to allow forced ventilation to occur. Observe closely for signs of complications.

Bolded items represent “automatic failures” and the need for retesting.

Evaluator: ________________________________

Pass Fail
Intraosseous Needle Insertion
(*Practice only until system wide implementation.*)

___ 1. Identifies indications/complications for IO insertion

___ 2. Employs universal precautions and aseptic technique

___ 3. Assembles equipment (includes IV fluid, checking expiration date and purity of fluid; stopcock; IO needle (or bone marrow aspiration needle); minimum 5cc syringe; padding; injectable saline) or EZ-IO (drill, appropriate needle, 10cc syringe, injectable saline)

___ 4. Selects appropriate insertion site

___ 5. Cleans insertion site appropriately

___ 6. Inserts needle (60-90 degree angle) until a “pop” or “give” is felt indicating loss of resistance. Do not advance needle any further.

___ 7. Removes stylet and place in “sharps” container

___ 8. Aspirates and flushes with saline to verify placement

___ 9. Immediately attaches IV tubing, stopcock, or IV extension tubing and IV fluids for infusion

___ 10. Secures IO with dressings and tape

___ 11. Reassess patient

**Bolded items represent “automatic failures” and the need for retesting.**

Evaluator: ______________________________

Pass   Fail
Name: __________________________________________________

**Initial assessment:**
- Determines chief complaint and general impression
- Determines level of consciousness
- Assesses airway and breathing
- Assesses circulation
- History of Present Illness ("PQRST")
- Past Medical History ("AMPLE")
- Focused Physical Exam

**Vital Signs:**
- Apply cardiac monitor
- Applies chest and extremity leads properly
- Obtain 12 lead ECG if needed
- Interprets 12 lead ECG correctly (Paramedic)
- Transmits 12 lead ECG to hospital
- Requests ALS or additional units if needed

**Treatment:**
- Administers aspirin, knows correct dose and contraindications
- Administers nitroglycerin, knows correct dose and contraindications
- Administers oxygen if indicated (less than 94%)
- Starts peripheral IV or IO as indicated
- Reassesses patient often
- Repeats Vital Signs

**Cardiac Arrest Treatment:**
- Starts CPR if pulseless
- Attaches AED if pulseless (EMT, AEMT)
- Performs visual and verbal "CLEAR" with defibrillation/Cardioversion
- Defibrillates per AED prompt or when identifies V-Fib/V-Tach w/o pulse
- Resumes CPR after shock for appropriate time
- Minimizes chest compression pauses
- Provides adequate ventilations during CPR

**Adverse actions:**
- Fails to follow protocol
- Administers medication with contraindications or without proper indications

**Critical Criteria in bold letters**

Comments:

Evaluator Signature: ________________________________       PASS      FAIL