**Indiana EMT-Basic Advanced Practical Skills Examination**

**Cardiac Management Station**

<table>
<thead>
<tr>
<th>Start Time:</th>
<th>Stop Time:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Candidate's Name:</th>
<th>Evaluator's Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

- Demonstrates / Verbalizes initial or continued consideration of BSI precautions
- Checks level of responsiveness
- Checks ABC’s (skill examiner states “no pulse, no respirations”)
- Initiates CPR if appropriate (verbally)
- Performs “Quick Look” with paddles or applies pads
- Correctly interprets initial rhythm
- Appropriately manages initial rhythm
- Notes change in rhythm
- Checks patient condition to include pulse and if appropriate BP
- Correctly interprets second rhythm
- Appropriately manages second rhythm
- Notes change in rhythm
- Checks patient condition to include pulse and if appropriate BP
- Correctly interprets third rhythm
- Appropriately manages third rhythm
- Notes change in rhythm
- Checks patient condition to include pulse and if appropriate BP
- Correctly interprets fourth rhythm
- Appropriately manages fourth rhythm
- Order high flow oxygen at proper times

**Critical Criteria**

- Failure to verify rhythm before delivering each shock
- Failure to ensure the safety of self and others (verbalizes AND observes ALL CLEAR)
- Inability to deliver DC shock (does not use machine properly)
- Failure to deliver appropriate defibrillation(s) as indicated by rhythm, in a timely manner
- Failure to order initiation or resumption of CPR when appropriate
- Failure to order correct management of airway
- Failure to order high flow oxygen at proper time
- Failure to correctly diagnose or adequately treat v-fib, v-tach or asystole/PEA

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**You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.**

05/2008
Indiana EMT-Basic Advanced Practical Skills Examination
Intravenous Therapy

Start Time: __________ Stop Time: ______________ Date: __________

Candidate's Name: ____________________________________________
Evaluator's Name: ____________________________________________

<table>
<thead>
<tr>
<th>Checks selected IV fluid for</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Proper fluid (1 point)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- Expiration Date (1 point)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- Clarity (1 point)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Selects appropriate catheter 1
Selects proper administration set 1
Connects IV tubing to the IV bag 1
Prepares administration set (fills drip chamber and flushes tubing) 1
Cuts or tears tape (at any time before venipuncture) 1
Demonstrates / Verbalizes initial or continued consideration of BSI precautions 1
Applies tourniquet 1
Palpates suitable vein 1
Uses aseptic technique to prep IV site (prior to venipuncture) 1

Perform venipuncture
- Inserts stylette (1 point) 1
- Notes or verbalizes flashback (1 point) 1
- Occludes vein proximal to catheter (1 point) 1
- Removes stylette (1 point) 1
- Connects IV Tubing to catheter (1 point) 1

Releases tourniquet 1
Runs IV for a brief period to assure patent line 1
Secures catheter (tapes securely or verbalizes) 1
Adjusts flow rate as appropriate 1
Disposes / verbalizes disposal of needle in proper container 1

Total: 22

Critical Criteria

____ Exceeded the 6 minute limit in establishing a patent and properly adjusted IV
____ Failure to use aseptic technique prior to and during venipuncture, contaminates equipment or site without correction
____ Any improper technique resulting in the potential for catheter shear or air embolism
____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
____ Failure to dispose of needle in proper container

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

05/2008
**INITIAL ASSESSMENT**

- Verbalizes general impression of the patient
- Determines responsiveness/level of consciousness
- Determines chief complaint/apparent life threats
- Initiates appropriate oxygen therapy
- Assures adequate ventilation
- Assesses airway and breathing
- Assesses AND controls major bleeding
- Assesses pulse
- Assesses skin (color, temperature and condition)
- Assesses need or no need for IV Initiation
- Identifies priority patients/makes transport decision

**FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT**

<table>
<thead>
<tr>
<th>Signs and symptoms</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Onset?</td>
<td>1</td>
</tr>
<tr>
<td>*Provokes?</td>
<td>1</td>
</tr>
<tr>
<td>*Quality?</td>
<td>1</td>
</tr>
<tr>
<td>*Radiates?</td>
<td>1</td>
</tr>
<tr>
<td>*Severities?</td>
<td>1</td>
</tr>
<tr>
<td>*Time?</td>
<td>1</td>
</tr>
<tr>
<td>*Interventions?</td>
<td>1</td>
</tr>
<tr>
<td>*Description of episode.</td>
<td>1</td>
</tr>
<tr>
<td>*Onset?</td>
<td>1</td>
</tr>
<tr>
<td>*Provokes?</td>
<td>1</td>
</tr>
<tr>
<td>*Quality?</td>
<td>1</td>
</tr>
<tr>
<td>*Radiates?</td>
<td>1</td>
</tr>
<tr>
<td>*Severities?</td>
<td>1</td>
</tr>
<tr>
<td>*Time?</td>
<td>1</td>
</tr>
<tr>
<td>*Interventions?</td>
<td>1</td>
</tr>
<tr>
<td>*History of allergies?</td>
<td>1</td>
</tr>
<tr>
<td>*What were you exposed to?</td>
<td>1</td>
</tr>
<tr>
<td>*How were you exposed?</td>
<td>1</td>
</tr>
<tr>
<td>*Effects?</td>
<td>1</td>
</tr>
<tr>
<td>*Assessment</td>
<td>1</td>
</tr>
<tr>
<td>*Initiates appropriate oxygen therapy</td>
<td>1</td>
</tr>
<tr>
<td>*Assures adequate ventilation</td>
<td>1</td>
</tr>
<tr>
<td>*Assesses AND controls major bleeding</td>
<td>1</td>
</tr>
<tr>
<td>*Assesses pulse</td>
<td>1</td>
</tr>
<tr>
<td>*Assesses skin (color, temperature and condition)</td>
<td>1</td>
</tr>
<tr>
<td>*Assesses need or no need for IV Initiation</td>
<td>1</td>
</tr>
</tbody>
</table>

**Critical Criteria**

- Did not take, or verbalize, body substance isolation precautions when necessary
- Did not determine scene safety
- Did not provide high flow oxygen with appropriate mask
- Did not differentiate patient's need for transportation versus continued assessment at the scene
- Did not document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Total: 31
Indiana EMT-Basic Advanced Practical Skills Examination
Patient Assessment/Management - Trauma

Start Time: ____________
Stop Time: ____________
Candidate's Name: ____________
Evaluator's Name: ____________

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes, or verbalizes, body substance isolation precautions</td>
<td>1</td>
</tr>
</tbody>
</table>

**SCENE SIZE-UP**
- Determines the scene is safe | 1
- Determines the mechanism of injury | 1
- Determines the number of patients | 1
- Requests additional help if necessary | 1
- Considers stabilization of spine | 1

**INITIAL ASSESSMENT**
- Verbalizes general impression of the patient | 1
- Determines responsiveness/level of consciousness | 1
- Determines chief complaint/apparent life threats | 1

**FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT**
- Selects appropriate assessment *(focused or rapid assessment)* | 1
- Obtains, or directs assistance to obtain, baseline vital signs | 1
- Obtains S.A.M.P.L.E. history | 1

**DETAILED PHYSICAL EXAMINATION**
- Assesses airway and breathing
  - Assessment
  - Initiates appropriate oxygen therapy | 1
  - Assures adequate ventilation | 1
  - Injury management | 1
- Assesses circulation
  - Assesses AND controls major bleeding – 1 | 1
  - Assesses pulse – 1 | 1
  - Assesses skin color, temperature and condition - 1 | 1
  - Assesses need for or no need for IV initiation – 1 | 1
- Identifies priority patients/makes transport decision | 1

**Critical Criteria**
- Did not take, or verbalize, body substance isolation precautions
- Did not determine scene safety
- Did not initially consider and / or provide stabilization of spine
- Did not provide high flow oxygen with appropriate mask
- Did not find, or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- Did not differentiate patient’s need for transportation versus continued assessment at the scene
- Did not differentiate history/physical examination before assessing the airway, breathing and circulation
- Delayed transport to initiate IV
- Did not transport patient within (10) minute time limit
- Administered a dangerous or inappropriate intervention

**Total:** 41

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You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.
Indiana Emergency Medical Services Commission
EMT-Basic Advanced Practical Examination Report Form

Please Print Clearly!

Course Number: _______________________

Name ____________________________________________________

Last Name     First Name     MI    Driver’s License or State I.D. # ______________

Address ________________________________________________________________________________

Street      City    State    Zip Code

e-mail _________________________________________________________________________________

Training Institution _______________________________________________________________________

Exam Site _______________________________________________      Date ______________________

Attempt: __________          Attempt: __________

<table>
<thead>
<tr>
<th>Station # 1</th>
<th>Patient Assessment / Management – Trauma</th>
<th>Pass</th>
<th>Fail</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station # 2</td>
<td>Patient Assessment / Management – Medical</td>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Station # 3</td>
<td>Cardiac Arrest Management</td>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Station # 4</td>
<td>Intravenous Therapy</td>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
</tbody>
</table>

Candidates failing two (2) or less stations are eligible for a retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different day with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing three (3) or more stations, constitutes a complete failure of the practical examination attempt. A complete failure of the practical examination attempt will require the candidate to document remedial training over all skills before reattempting all stations of the practical examination. Candidates are allowed a maximum of two (2) complete examination attempts. Failure to pass all stations by the end of two (2) full examination attempts, constitutes a complete failure of the skills testing process.

NOTE: You have one (1) year to successfully complete all phases of the certification examination process from your initial recertification testing attempt or EMT-BA course completion date. If incomplete or unsuccessful, you must complete a new EMT-BA training program to be eligible for future testing for certification. Official test results may take up to six (6) weeks.

By my signature below, I acknowledge that I have read, understand, and agree to the Indiana EMT-BA Pass/Fail testing criteria listed above.

EMT-BA Candidate: _______________________

(Legal Signature)

Representative Comments:

Representative Signature: _______________________

05/2008