



Patient Assessment/Management – Medical

Station #:

LEVEL TESTED: EMT EC

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>			
	1		
SCENE SIZE-UP			
Determines the scene is safe	1		
Determines the nature of illness	1		
Determines the number of patients	1		
Requests additional help if necessary	1		
Considers stabilization of spine	1		
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient	1		
Determines responsiveness/level of consciousness (AVPU)	1		
Determines chief complaint/apparent life threats	1		
Assess airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy / appropriate adjunct	1	
	Assures adequate ventilation	1	
Assess circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature, or condition)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life	1		
HISTORY TAKING			
History of present illness (investigate chief complaint)			
<input type="checkbox"/> Onset (1 point)	<input type="checkbox"/> Provocation (1 point)	<input type="checkbox"/> Quality (1 point)	8
<input type="checkbox"/> Radiation (1 point)	<input type="checkbox"/> Severity (1 point)	<input type="checkbox"/> Time (1 point)	
<input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST (2 points)			
Past medical history			
<input type="checkbox"/> Allergies (1 point)	<input type="checkbox"/> Medications (1 point)	<input type="checkbox"/> Pertinent history (1 point)	
<input type="checkbox"/> Last oral intake (1 point)	<input type="checkbox"/> Events leading to present illness (1 point)		5
SECONDARY ASSESSMENT AND VITAL SIGNS			
Assesses affected body part/system(s) (1 point for each required system – Maximum of 2 points)			
- Cardiovascular	- Neurological	- Integumentary	- Reproductive
- Pulmonary	- Musculoskeletal	- GI/GU	- Psychological/Social
Obtains vital signs <input type="checkbox"/> Pulse (1 pt) <input type="checkbox"/> Blood Pressure (1 pt) <input type="checkbox"/> Resp rate (1 pt) <input type="checkbox"/> Resp quality (1 pt)		4	
Interventions (verbalizes proper intervention / treatment / contact medical control)		1	
REASSESSMENT (verbalized)			
Repeats primary assessment		1	
Verbalizes reassessment of vital signs		1	
Repeats assessment regarding patient complaint/injuries and interventions		1	
TOTAL:		39	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 101- Did not determine scene safety
- 102- _____
- 103- Did not assess for and verbalize administration of appropriate concentration of oxygen, if indicated
- 104- Did not find, or manage, problems associated with airway, breathing, circulation or shock
- 105- Performs Secondary assessment before assessing/treating airway, breathing and circulation
- 106- Did not verbalize transporting patient within 10-minute time limit
- 107- Did not verbalize appropriate intervention/safe medication administration/contact medical control
- 108- Did not obtain 31 or more points

P F

OEMS Examiner

Review

Initials: _____

Bubble B or 1 on

Scanform if Failed