

**State of New Hampshire**  
**Department of Safety**  
**Division of Fire Standards and Training**  
**& Emergency Medical Services**

# Emergency Medical Responder Practical Examination



# Emergency Medical Responder Practical Examination

## PATIENT ASSESSMENT / MANAGEMENT - TRAUMA

CANDIDATE #: \_\_\_\_\_

DATE: \_\_\_\_\_

EVALUATOR NAME: \_\_\_\_\_

\_\_\_\_\_ INITIAL

\_\_\_\_\_ RETEST

STOP: \_\_\_\_\_

START: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

Time allowed: 10 minutes

SCENARIO # \_\_\_\_\_

CANDIDATE MUST PERFORM (\*) ITEM WITHOUT ASSISTANCE

		Points Possible	Points Awarded
<b>SCENE SIZE UP (scene information will be provided by the Evaluator)</b>			
Verbalizes body substance isolation precautions		1	
Requests additional help		1	
<b>PRIMARY ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Stabilizes or directs stabilization of spine		1	
Determines responsiveness / level of consciousness (AVPU)		1	
Airway	Assesses	1	
	Manages	1	
Breathing	Assesses	1	
	Manages	1	
Circulation	Assesses Bleeding, Pulse & Skin (color – temp – moisture)	1	
	Manages	1	
Identifies priority patient / makes transport decision		1	
<b>HISTORY TAKING</b>			
Obtains S.A.M.P.L.E. History		1	
<b>SECONDARY ASSESSMENT</b>			
Assesses the Head	Inspect and Palpate	1	
Assesses the Neck	Inspect and Palpate	1	
Assesses the Chest	Inspect and Palpate	1	
Assesses the Abdomen	Inspect and Palpate	1	
Assesses the Pelvis	Inspect and Palpate	1	
Assess the Extremities	One (1) point for each Extremity	4	
Obtains quantitative vital signs (*)		1	
Manages secondary injuries and wounds appropriately		1	
<b>REASSESSMENT</b>			
Verbalizes reassessment		1	
<b>TOTAL</b>		<b>25</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not establish spinal stabilization upon initial contact with patient
- \_\_\_\_\_ Did not maintain spinal stabilization throughout
- \_\_\_\_\_ Did not identify need for immediate transport
- \_\_\_\_\_ Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- \_\_\_\_\_ Did not manage / provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)
- \_\_\_\_\_ Did other physical examination before assessing and managing the airway, breathing and circulation
- \_\_\_\_\_ Obtains baseline vital signs prior to completion of primary assessment

You **must** factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.

# Emergency Medical Responder Practical Examination

## BLEEDING CONTROL / SHOCK MANAGEMENT

CANDIDATE #: \_\_\_\_\_

DATE: \_\_\_\_\_

EVALUATOR NAME: \_\_\_\_\_

\_\_\_\_\_ INITIAL

\_\_\_\_\_ RETEST

STOP: \_\_\_\_\_

START: \_\_\_\_\_

Time allowed: 10 minutes

SCENARIO # \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

	Points Possible	Points Awarded
Verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
<b>Note: The Evaluator must now inform the candidate that the wound continues to bleed</b>		
Applies an additional dressing to the wound	1	
<b>Note: The Evaluator must now inform the candidate that the bleeding is controlled</b>		
Applies a pressure dressing to the wound	1	
Bandages the wound	1	
<b>Note: The Evaluator must now inform the candidate that the bleeding is controlled and that the patient is showing signs and symptoms indicative of shock</b>		
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Verbalizes high-concentration oxygen is delivered to patient	1	
Indicates need for immediate transportation	1	
Treats any additional injuries that may be present	1	
<b>TOTAL</b>	<b>10</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not control bleeding in a timely manner
- \_\_\_\_\_ Did not indicate a need for immediate transportation
- \_\_\_\_\_ Did not administer high flow O<sub>2</sub>

You **must** factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.

# Emergency Medical Responder Practical Examination

## UPPER AIRWAY – SUCTION – OXYGEN

CANDIDATE #: \_\_\_\_\_

DATE: \_\_\_\_\_

EVALUATOR NAME: \_\_\_\_\_

\_\_\_\_\_ INITIAL

\_\_\_\_\_ RETEST

STOP: \_\_\_\_\_

START: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

Time allowed: 10 minutes

OROPHARYNGEAL AIRWAY		Points Possible	Points Awarded
<b>Advise Candidate to insert airway</b>			
Verbalizes body substance isolation precautions		1	
Measures airway		1	
Selects appropriately sized airway		1	
Inserts airway without pushing tongue posteriorly		1	
Removes oropharyngeal airway		1	

SUCTION		
<b>Advise Candidate to suction the mannequin's airway</b>		
Turns on / prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suctioning	1	
Applies suction to the oropharynx for 10-15 seconds	1	

OXYGEN ADMINISTRATION		
Cracks tank valve	1	
Assembles the regulator to the tank	1	
Opens tank – Checks for leaks – Checks tank pressure (1 point each)	3	
Adjusts liter flow to minimum 10 liters / minute	1	
Attaches non-rebreather mask to O <sub>2</sub> regulator and pre-fills reservoir (1 point each)	2	
Applies and adjusts mask to mannequin's face	1	
<b>Advise Candidate to apply a nasal cannula</b>		
Removes non-rebreather, attaches nasal cannula to O <sub>2</sub> regulator	1	
Adjust liter flow to six (6) or less	1	
Applies nasal cannula to mannequin	1	
<b>Advise Candidate to discontinue oxygen therapy</b>		
Removes nasal cannula	1	
Shuts off tank, relieves pressure within the regulator (1 point each)	2	
<b>TOTAL ORAL+SUCTION+O<sub>2</sub></b>	<b>24</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not select or properly insert proper size airway
- \_\_\_\_\_ Did not provide proper O<sub>2</sub> flow rate (10 liters / minute minimum for NRB, six (6) liters or less for nasal)
- \_\_\_\_\_ Suctioned for greater than 15 seconds
- \_\_\_\_\_ Did not pre-fill reservoir
- \_\_\_\_\_ Failure to correct conditions that result in tank / regulator leaks

You **must** factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.

# Emergency Medical Responder Practical Examination

## MOUTH-TO-MASK

CANDIDATE: \_\_\_\_\_

DATE: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_

\_\_\_\_\_ INITIAL

\_\_\_\_\_ RETEST

Time allowed: 5 minutes

STOP: \_\_\_\_\_

START: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

	Points Possible	Points Awarded
Verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate (adequate chest rise / 10 - 20 breaths per minute)	1	
<b>Note: The Evaluator must witness ventilations for at least 30 seconds</b>		
<b>TOTAL</b>	<b>5</b>	

### CRITICAL CRITERIA

- \_\_\_\_\_ Did not maintain mask-to-face seal
- \_\_\_\_\_ Did not provide proper volume per breath (*more than two (2) ventilations per minute are below 800 ml*)
- \_\_\_\_\_ Did not ventilate the patient at 10 – 20 breaths per minute (*more than one (1) error in 30 seconds*)
- \_\_\_\_\_ Did not allow for complete exhalation

You **must** factually document on the back of the sheet the reason(s) for not awarding points or for checking any critical criteria.