

SPINAL IMMOBILIZATION - SEATED PATIENT / SUPINE PATIENT

Practical Skills Checklist

	Points	Possible	Earned
<u>SEATED</u>			
Takes or verbalizes standard precautions (BSI) prior to patient contact *		1 *	
Directs EMT assistant to take manual C-spine stabilization *		1 *	
Assess neurological function _____ Circulation _____ Movement * _____ Sensation *		3 *	
Applies appropriately-sized cervical collar *		1 *	
Positions the immobilization device behind the patient		1	
Secures the device to the patient's torso		1	
Secures the device to the patient's head		1	
Secures extremities		1	
Reassess neurological function _____ Circulation _____ Movement * _____ Sensation *		3 *	
TOTAL TIME: _____ : _____		Points Possible / Earned	13

	Points	Possible	Earned
<u>SUPINE</u>			
Takes or verbalizes standard precautions (BSI) prior to patient contact *		1 *	
Directs EMT assistant to take manual C-spine stabilization		1 *	
Assess neurological function _____ Circulation _____ Movement * _____ Sensation *		3 *	
Applies appropriately-sized cervical collar *		1 *	
Positions the long board appropriately		1	
Directs movement of patient onto device		1	
Secures patient to device _____ Chest _____ Pelvis _____ Thighs _____ Below knees		4	
Secures patient's head to device		1	
Reassess neurological function _____ Circulation _____ Movement * _____ Sensation *		3 *	
TOTAL TIME: _____ : _____		Points Possible / Earned	16

*** Critical Criteria (Comment Required)**

- Failure to verbalize or take standard precautions (BSI) prior to patient contact _____
- Did not direct or take manual C-spine stabilization within 60 seconds _____
- Released or ordered release of manual immobilization before it was maintained mechanically _____
- Did not apply cervical collar/did not apply cervical collar properly _____
- Immobilized head to device before securing the torso to long board _____
- Excessive spinal movement allowed _____
- Did not assess or reassess movement and sensation in each extremity before and after immobilization _____

Comments (required for Critical Criteria): (Continue on back if necessary)

NREMT EXAMINER ONLY	
_____ PASS	_____ FAIL

RETEST _____

STATION - B

SPINAL IMMOBILIZATION - SEATED / SUPINE

DATE: _____

CANDIDATE'S NUMBER: _____

PRINT CANDIDATE'S NAME: _____

PRINT EVALUATOR'S NAME: _____

EVALUATOR'S SIGNATURE: _____

COMMENTS: