

State of Wisconsin
 EMT Basic
TRAUMA ASSESSMENT
 Practical Skills Checklist

	Points	Possible	Earned
SCENE SIZE-UP			
Takes or verbalizes standard precautions (BSI) prior to patient contact *		1 *	
Scene size-up ___ Scene is safe * ___ MOI / NOI ___ Number of patients ___ Additional help / resources ___ C-Spine considerations *		5 *	
PRIMARY ASSESSMENT			
Verbalize general impression of patient		1	
Determine level of consciousness		1	
Determine chief complaint		1	
Assess airway and breathing ___ Patency ___ Assess breathing ___ Verbalizes high-flow oxygen *		3 *	
Assess circulation ___ Assess for bleeding ___ Assess skin condition ___ Assess pulse(s) *		3 *	
Selects and conducts appropriate rapid body scan ___ Head & neck ___ Chest ___ Abdomen ___ Pelvis ___ Extremities ___ Posterior		6	
Identify patient high priority and/or make transport decision *		1 *	
HISTORY-TAKING/VITAL SIGNS/MONITORING DEVICES			
Vital Signs ___ Pulse ___ Blood Pressure ___ Respirations ___ Skin ___ Pupils ___ Pulse Oximetry		6	
Obtains/Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT / FULL BODY SCAN			
Assess head ___ Inspects/Palpates		1	
Assess neck ___ Inspects/Palpates		1	
Assess chest ___ Inspects/Palpates ___ Auscultates		2	
Assess abdomen ___ Inspects/Palpates		1	
Assess pelvis ___ Inspects/Palpates		1	
Assess posterior ___ Inspects/Palpates		1	
Assess extremities Inspects/Palpates ___ R Arm ___ L Arm ___ R Leg ___ L Leg		4	
Identifies/Manages Secondary injury(ies) (voice treat)		1	
REASSESSMENT			
___ Repeats primary (initial) assessment ___ Evaluates response to treatments ___ Repeats secondary/focused assessment ___ Repeats vital signs		4	
TOTAL TIME: ___ : ___	Points Possible / Earned	45	

*** Critical Criteria (Comment Required)**

- Failure to verbalize or take standard precautions (BSI) prior to patient contact _____
- Failure to determine scene safety _____
- Failure to consider c-spine (voice acknowledge) _____
- Failure to verbalize high-flow oxygen _____
- Failure to assess pulse in primary assessment _____
- Failure to identify high priority patient prior to secondary assessment _____
- Did secondary assessment before assessing the airway, breathing and circulation _____

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

NREMT EXAMINER ONLY	
___ PASS	___ FAIL

RETEST _____

STATION - D

TRAUMA ASSESSMENT

DATE: _____

CANDIDATE'S NUMBER: _____

PRINT CANDIDATE'S NAME: _____

PRINT EVALUATOR'S NAME: _____

EVALUATOR'S SIGNATURE: _____

COMMENTS: