

BVM AND NON-VISUALIZED AIRWAY DEVICE

Practical Skills Checklist

	Points	Possible	Earned
Takes or verbalizes standard precautions (BSI) prior to patient contact *		1 *	
Opens the airway manually		1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway) *		1 *	
Evaluator states "no gag reflex is present and patient accepts adjunct."			
Ventilates patient with BVM at rate of 10-12/minute (must ventilate within 30 seconds of start time) *		1 *	
Verbalizes attachment of high-flow oxygen and continues ventilations for 30 seconds *		1 *	
Evaluator states "patient is being ventilated without difficulty, breath sounds are present bilaterally with equal chest rise and fall."			
Directs assistant to ventilate patient *		1 *	
Evaluator assumes ventilations and removes airway adjunct when prompted.			
Selects non-visualized airway device checks and prepares for insertion		1	
Places head in neutral position		1	
Performs tongue-jaw lift		1	
Inserts device to appropriate depth *		1 *	
Secures device (inflates cuffs and removes syringe(s), if applicable)		1	
Ventilates to confirm proper placement ___ over each lung* ___ over epigastrium*		2 *	
Adjusts device to maximize effectiveness of ventilations		1	
Secures device in place, if applicable*		1 *	
Continues ventilations		1 *	
TOTAL TIME: _____ :	Points Possible / Earned	16	

*** Critical Criteria (Comment Required)**

- Failure to verbalize or take standard precautions (BSI) prior to patient contact _____
- Failure to initiate ventilations within 30 seconds after taking standard precautions _____
- Interrupts ventilations for greater than 30 seconds at any time _____
- Failure to ventilate patient at a rate of 10-12/minute _____
- Failure to voice and ultimately provide high oxygen concentrations (12-15 L/minute) _____
- Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible) _____
- Failure to direct oxygenation of patient prior to insertion of airway device _____
- Inserts any adjunct in an incorrect manner _____
- Failure to properly insert the device within 3 attempts _____
- Failure to secure device properly (if applicable) _____
- Failure to inflate cuffs properly and/or remove syringe immediately after inflation of cuff(s), if applicable _____
- Failure to confirm device placement _____

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

NREMT EXAMINER ONLY	
_____ PASS	_____ FAIL

RETEST _____

STATION - E

NON-VISUALIZED AIRWAY DEVICE

DATE: _____

CANDIDATE'S NUMBER: _____

CANDIDATE'S NAME: _____

PRINT EVALUATOR'S NAME: _____

EVALUATOR'S SIGNATURE: _____

COMMENTS: