

12/30/2019

State of Wisconsin
EMT Basic
PATIENT ASSESSMENT
Practical Skills Checklist

A

	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 oxygen *	3 *		
Assess circulation ___ Assess for bleeding ___ Assess skin condition ___ Assess pulse *	3 *		
Identify patient high priority and/or make transport decision *	1 *		
HISTORY-TAKING/VITAL SIGNS/MONITORING DEVICES			
History of present illness ___ Onset ___ Quality ___ Severity ___ Time ___ Provocation ___ Radiation ___ Additional questions regarding present illness	7		
SAMPLE history ___ Signs/Symptoms ___ Medications ___ Last Oral Intake ___ Allergies ___ Past Medical History ___ Events	6		
Vital Signs ___ Pulse ___ Blood Pressure ___ Respirations ___ Skin ___ Pupils ___ Pulse Oximetry	6		
States working field impression	1		
SECONDARY ASSESSMENT			
Performs focused exam pertinent to chief complaint and assessment findings	1		
<u>CARDIAC</u> ___ Drug (ASA) * ___ Dose * ___ Route * ___ Indicates standing order or contacts medical control *	4 *		
<u>RESPIRATORY</u> ___ Drug (albuterol) * ___ Dose * ___ Route * ___ Indicates standing order or contacts medical control *			
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 verbalize the administration of oxygen _____

Failure to assess pulse during primary assessment _____

Failure to identify high priority patient prior to secondary assessment _____

Does not specify drug, dose, route or gives incorrect meds _____

Failure to indicate standing order or contact medical control _____

Comments (required for Critical Criteria): (Continue on back if necessary)**NREMT EXAMINER ONLY**

___ PASS ___ FAIL

RETEST _____

STATION - A

MEDICAL PATIENT ASSESSMENT/MANAGEMENT

DATE: _____

CANDIDATE'S NUMBER: _____

PRINT CANDIDATE'S NAME: _____

PRINT EVALUATOR'S NAME: _____

EVALUATOR'S SIGNATURE: _____

COMMENTS: