

12/30/2019

## State of Wisconsin

EMT Basic

B

## SPINAL IMMOBILIZATION - SEATED PATIENT / SUPINE PATIENT

## Practical Skills Checklist

	Points	Possible	Earned
<b><u>SEATED</u></b>			
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 *	
<b>TOTAL TIME: _____ : _____</b>		<b>13</b>	
<b>Points Possible / Earned</b>			

	Points	Possible	Earned
<b><u>SUPINE</u></b>			
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 *	
<b>TOTAL TIME: _____ : _____</b>		<b>16</b>	
<b>Points Possible / Earned</b>			

**\* 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: