

12/30/2019

State of Wisconsin
EMT Basic
TRAUMA ASSESSMENT
Practical Skills Checklist

D

	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: