



ADVANCED EMT

MINIMUM COURSE STANDARDS

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ADVANCED EMT PROGRAM STANDARDS

EDUCATIONAL FACILITIES / PROGRAM REQUIREMENTS

EMS Programs and Training Institutions who are not currently CoAEMSP approved at the Paramedic level, and desire to teach the Advanced Emergency Medical Technician Course, should apply to the Bureau of EMS for the credential to teach Advanced EMT classes.

- National Accreditation (CoAEMSP) is **not** required to be credentialed to teach the AEMT course
- A course request must be submitted via the EMS Portal, and approved by the Bureau of EMS prior to the beginning of the course
- The EMS Program / Training Institution that is sponsoring/supervising the course must have *written* Clinical Affiliation agreements in place for hospital and field clinicals, as dictated by the course taught.
- The credential to teach an AEMT course **does not** authorize the Program to teach a Paramedic course

STUDENT SPACE

When determining class size, the classroom that will be used for didactic instruction should accommodate your students comfortably. Additionally, there will need to be room/alternate location for the practicing and testing of psychomotor skills. Reference the "Clinical Affiliates" portion of this document for additional information related to the hospital and field clinical phases.

INSTRUCTIONAL RESOURCES/ABILITIES

- The AEMT course Primary Instructor must be a licensed in Louisiana as a Paramedic and credentialed as a Primary Instructor by the Bureau of EMS.
 - A Louisiana Bureau of EMS credentialed Primary Instructor must deliver and/or *directly* supervise no less than 80% of the didactic course content
 - Up to 20% of the didactic course content may be delivered by guest lecturers, subject matter experts, and program faculty designated by the Program Director
- Assistant Instructors must be a licensed in Louisiana as an Advanced-EMT, Paramedic.
- Specialty or adjunct instructors must meet the requirements established by the Program Director from the sponsoring training institution.

ADVANCED EMT PROGRAM STANDARDS

Student Selection

EMT-INTERMEDIATE TO ADVANCED EMT TRANSITION

All EMS Practitioners desiring to transition from an EMT-Intermediate to an Advanced-EMT, must successfully complete a Bureau of EMS approved transition course. Applicants for the AEMT Bridge course must meet the course entrance requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments, if required.

EMT TO AEMT

EMTs desiring to become licensed as an Advanced EMT, must meet the course entry requirements, as outlined by the Training Institution sponsoring the course, including pre-course assessments and/or testing, as required by sponsoring Training Institution.

To enroll in an EMTA course, students must be currently licensed by the Louisiana Bureau of EMS as an EMT.

- Note: Non-resident students with a valid NREMT certification at the EMT level, must apply for a Louisiana EMT License prior to starting clinical rotations and/or field internships.

Note: to take the NREMT Advanced-EMT exam, students must have a current NREMT EMT certification.

STORAGE SPACE

EMS Programs desiring to teach either the AEMT Transition Course, or the full AEMT course must have a storage location for the equipment required for the course. Course required equipment includes audio-visual equipment as needed for classroom presentations, as well as EMS equipment required for students to successfully complete the skills in accordance to the curriculum being taught. Additionally, the EMS Program (Institution) must maintain all EMS course records for seven (7) years.

ADVANCED EMT PROGRAM STANDARDS

Sponsorship and Affiliation Agreements

NREMT

To apply for a Louisiana EMS License, students must successfully pass the National Registry Advanced EMT written and psychomotor exam, and obtain NREMT certification. The Training Institution must be registered with the NREMT as a Training Institution, authorized to provide Advanced EMT courses.

- Note: After the Training Institution creates an account with the NREMT, the program will be reviewed by the Louisiana Bureau of EMS. Once approved, the Bureau of EMS will issue an approval notification to the NREMT indicating the program is authorized to teach classes at the A-EMT level.
- The NREMT can be contacted at (614) 888-4484 or www.nremt.org.
- This process applies to transition course students, and full course students.

MEDICAL DIRECTOR

An active, involved, and well-informed Training Institution Medical Director is of paramount importance for a successful Advanced EMT course. As with other courses, the Medical Director will sign the Course Request form prior to course. Additionally, the course Medical Director must approve the specific protocols used by the Training Institution during the AEMT course (note, during clinical experience the EMS Student will function under the agency's approved protocols). The Bureau of EMS recommends course instructors to incorporate local protocols into the didactic and laboratory portions of class, as the student will be functioning within the protocols in the clinical and field portions of class, however the NREMT exam is based on the National Scope of Practice and not local protocols.

CLINICAL AND FIELD AFFILIATES

When determining Clinical Affiliates, ensure that the service(s) can accommodate the number of anticipated students in the course, as well as the skills that the students will need to perform to satisfy the requirements of the Bureau of EMS, as detailed in this document.

Training Institutions may elect to utilize current field affiliation agreements for said course, or seek out new, additional field affiliates, depending on the needs of the students. Training Institutions must have formal (written) affiliation agreement(s) in place with all facilities that a student will be completing clinicals.

ADVANCED EMT PROGRAM STANDARDS

Course and Curricula Design

CURRICULA DESIGN

Training Institutions must teach AEMT students in accordance with the National Education Standard curriculum AEMT Instructional Guidelines. The Instructor Guidelines can be downloaded online at: <http://www.ems.gov/pdf/811077d.pdf>

- These standards are the minimum required education components.
- In Louisiana, Advanced EMTs may not perform skills or procedures which are outside the scope of the National Education Standard Curriculum, unless a waiver has been granted by the EMS Certification Commission AND the individual has been educated on the procedure AND the individual as demonstrated competency. *At the time of publication of these guidelines, the EMSCC has not expanded the scope of practice beyond the National Educational Standards.*
- Note: and additions to the minimum NES standards during an AEMT program are not automatically translated or interpreted as an increase in the scope of practice. If EMS Providers desire to incorporate additional skills taught in the classroom, but are outside the current adopted scope of practice, a waiver from the EMS Commission is required.

It is recommended that each Training Institution teaching an AEMT transition course and/or a full AEMT course, complete a gap analysis to guide curricula development and course planning. This analysis should address the current knowledge and skill level of the student versus the minimum NES for AEMT. The discrepancies should be addressed in detail in the course. It is recommended that the areas in which there is "no change" be addressed in review format.

TEXTBOOK SELECTION

The Bureau of EMS recommends Training Institutions to adopt a standard Advanced Emergency Medical Technician textbook from a recognized publisher. Understanding that each author and publisher presents material in a slightly different method, the Training Institution and/or Primary Instructor should select the text that would best suit the student and program needs. A companion workbook is often used in conjunction with the textbook to assist in reinforcing material, but is not required. Additional textbooks may be utilized as well (Pathophysiology, pharmacology, etc), but are not required.

GRADING FORMAT

Cognitive Evaluation- The Training Institution and/or the Primary Instructor must determine the weight of individual grades for the course, as well as minimum passing grade required for course completion. Ultimately, it is the responsibility of the Training Institute to determine the grading scale and minimum passing score. However, the Bureau of EMS is monitoring the ratio of students successfully completing the course and students successfully passing the NREMT cognitive and didactic exams; most students successfully completing an approved course should be prepared to pass the NREMT exam.

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"Passing" grades must be determined prior to the beginning of the course, and the scale and standards must be distributed to each student. Different Training Institutions may have slightly different standards, as needs vary based on student populations, community and organization requirements. As a student progress through the program, they should demonstrate competence on each written exam. Should a student not demonstrate progressive competence (i.e. fail the exam), a written remediation plan should be in place.

It needs to be determined whether a student must maintain a cumulative average above a certain point throughout the course (e.g. minimum 80% throughout course or student is placed on probation or dismissed), or they must have a minimum score by the end of the course to have "passed." Again, these decisions are to be made by the Training Institution in the course planning stage, and followed throughout the course.

AFFECTIVE DOMAIN EVALUATION

Evaluating the affective domain is becoming increasing popular, as well as increasingly required. The NES addressed the affective domain for all EMS educational levels. Evaluating the affective domain is required by CoAEMSP, and the National Registry has incorporated affective evaluation into the psychomotor examination at all EMS provider levels.

The affective domain can be evaluated in the didactic setting in the form of a daily grade as it relates to the student's timeliness, preparedness, and behavior. The Training Institution determines if this is a simple pass/fail, or a point system towards pass or fail. This evaluation procedure should be documented, just as in the cognitive format.

PSYCHOMOTOR EVALUATION

Evaluating the psychomotor domain is usually done in a skills or laboratory format. Within the classroom setting, there should be designated time for psychomotor practice and testing. The Training Institution determines which skills the students must demonstrate competency in, and then determine the evaluation criteria for pass or fail. Minimally, the student should demonstrate competency in all minimum required skills, according to the NES. National Registry skill sheets should be used as the evaluation tool in the classroom setting.

CLINICAL EVALUATION

Training Institutions should have hospital and field clinical evaluation forms for the student's preceptor to complete. This evaluation form should address the cognitive, affective, and psychomotor aspect of the clinical. Training Institutions may elect to utilize on-line clinical evaluations services (such as FISDAP), in conjunction with, or in place of, paper documentation.

ADVANCED EMT PROGRAM STANDARDS

Minimum Course Components: EMT-I to AEMT Transition

DIDACTIC

Transition courses must be designed to fulfill the Gap Analysis for the EMT-I to AEMT as published by the National Association of State EMS Officials (NASEMSO); this document is located in an addendum to this document. The transition course is recommend to be a *minimum* of 15 hours, inclusive of all didactic, skill laboratory, and clinical experience. A Training Institution may elect to extend the course, based upon their gap analysis and needs of EMS personnel attending the course. All of the minimum NES educational standards for the AEMT are to be addressed during the duration of the course.

- The total course time must be pre-planned and presented to the students in the form of a syllabus prior to the start of the course. Changes to the course syllabus (addition or deletion of hours/content) must be approved by the Bureau of EMS.

CLINICAL

Students enrolled in an Advanced EMT transition course may be determined to have met the NES clinical requirements during their initial EMT-Intermediate program. This determination is to be made by the Training Institution while performing the gap analysis. Training Institutions may require AEMT transition students to complete a clinical internship. Although the completion of a field internship is not required, the suggested composition should include:

- Transition students must document 10 ALS patient contacts as Team Leader; AND
- Document the utilization of one new skill included in the AEMT scope of practice

NREMT CERTIFICATION & STATE LICENSURE

Students enrolled in an Advanced EMT transition courses must complete the following to obtain a transitioned NREMT certification and a Louisiana Bureau of EMS License:

1. Pass the NREMT cognitive examination
2. Pass the NREMT Advanced EMT Psychomotor Skills Examination
 - a. This exam will be routinely offered by the Bureau of EMS in Louisiana, or students may opt to take this at any NREMT testing location.

ADVANCED EMT PROGRAM STANDARDS

Minimum Course Components: AEMT Full Course

DIDACTIC

In accordance with the NES, the AEMT course is a competency based curriculum. After reviewing the NES, the Louisiana Bureau of EMS has determined that all Advanced EMT courses should be a minimum of 175 classroom (didactic, laboratory) clock hours beyond EMT. The actual course length and time should be determined by the Program Director.

CLINICAL

After completing a training/mentorship component, Advanced-EMT students must perform the following:

- 15 medication administrations on live patients
- 25 successful IV starts on live patients of various ages
- 20 successful ventilations on non-intubated patients of various ages
 - This skill can be completed on manikins during a testing scenario, however each program shall establish a minimum number of ventilations to be performed on live patients in a clinical environment.
- 5 assessments of, and formulate/implement a treatment plan for patients with chest pain
- 5 assessments of, and formulate/implement a treatment plan for patients with respiratory distress
- 5 assessments of, and formulate/implement a treatment plan for patients with altered mental status
- 10 assessments on pediatric patients
- 10 assessments on adult patients
- 10 assessments on geriatric patients
- 10 documented patient transports as the team leader.

Training Institutions may wish to assign minimum hours to be completed in a specific department, in addition to the above requirements. Training Institutions may also elect to add additional hospital or clinical specific requirements if they so choose or determine necessary.

COURSE ASSEMBLY

Once all of the above aspects have been reviewed and determined, the Training Institution and/or Primary Instructor will utilize this data to determine the didactic course schedule, order of material presentation, hospital and field clinical requirements, and integration of the clinical aspect into the program.

- Note, students must be presented with a syllabus outlining all course requirements prior to the first day of the course.

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COURSE APPROVAL

Upon completion of course assembly, the Training Institution or Primary Instructor will submit a course request to the Bureau of EMS. The Bureau of EMS may, at any time, audit the course and request to inspect any of the following documents:

- Course schedule with dates, times, location, instructors, and material to be taught each day
- Testing and skills practice times identified on course schedule
- Course textbook(s)
- Statement listing clinical affiliation sites
- Clinical affiliation agreements
- Medical Director approval / participation
- Clinical hours schedule by department (Field, Emergency Department, etc)
- Statement regarding ownership and storage of equipment used for class

At no time should any course begin without having received prior approval from the Bureau of EMS.

ADVANCED EMT PROGRAM STANDARDS

Pre-Course Preparation

PREPARE INSTRUCTIONAL STAFF

Didactic and Laboratory Instruction

As referenced in the "Instructional resources/abilities" portion of this document, the course must be supervised by a Bureau of EMS credentialed EMS Primary Instructor. An EMS Primary Instructor, licensed at or above the AEMT or Paramedic level, is required to provide, or directly (visually present) supervise no less than 80% of the didactic course content.

Instructors for the didactic portions are to be familiar and comfortable with material being taught. Certain aspects of the AEMT course (Transition or full course) will be new for students (i.e. acid-base balance, autonomic pharmacology, etc). For optimal student success, care will be taken in selecting instructors for classes in the course, as available resources allow.

In the laboratory training portion of the course, although EMT-Intermediates will already have IV skills, several new medication administration techniques need to be taught, demonstrated, practiced, and then evaluated for all AEMT students. Program Directors must ensure an adequate amount of instructors for lab sessions, based on student learning needs and student population. A maximum instructor to student ratio for skills training is 1:8. Instructors should be proficient with classroom equipment prior to in-class instruction, demonstration, or practice.

Note: The designation of clinical instructor, assistant instructor, laboratory instructor, or skill instructor is at the discretion of the Program Director at the Training Institution.

PRECEPTOR TRAINING PROGRAM

Field Clinical Preceptors (Ambulance)

Students enrolled in both AEMT Transition course and the full course are required to perform field clinicals, and will be in need of field preceptors. The process of selecting, training, and approving designated field clinical preceptors is the responsibility of the Program Director. However, at a minimum, the field preceptor must be licensed by the Louisiana Bureau of EMS as an Advanced EMT or Paramedic; the Training Institution or EMS Provider Agency may impose additional requirement to be a field preceptor. Some Training Institutions require a preceptor to complete a preceptor application, submit a letter of intent, submit a letter of recommendation, and attend a preceptor training course. All AEMT field preceptors must be familiar with the AEMT scope of practice, and the AEMT protocol that will be utilized during the clinical training program.

Clinical Experience (Hospital / Clinic)

The Training Institution must determine the optimum locations for students to obtain relevant clinical experience. Non-Ambulance clinical experience can be obtained in hospitals, clinics, and urgent care

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facilities. The Program Director is responsible for determining which areas, facilities, and locations will be the most advantageous for the student to meet the minimum clinical components. Once determined, the Training Institution should implement correlating hours and locations for clinicals.

Clinical preceptor staff must be oriented to the AEMT scope of practice, along with the course completion requirements, to assist the student in successful completion of this portion of the course.

PREPARATION OF COURSE MATERIALS AND RESOURCES

Lesson plans

Lesson plans are beneficial for class organization and presentation. The *AEMT Instructional Guidelines* provide specific, detailed information on the material that the instructor should teach, and that the student should learn. Training Institutions may elect to use prepared lesson plans from their textbook publisher, create their own lesson plan, or utilize a hybrid of both plans. The extent in which the lesson plans will be utilized should be determined by the Training Institution based upon prior educational experience.

In-class materials

As with any course, in-class materials are required for the students (handouts, homework, classwork, quizzes, exams, etc) and the creation of these materials is both timely and costly. It is recommended that the course syllabus outline when homework, classwork, quizzes, and exams will be given. Based on this schedule, the instructor can adequately plan for creation of such materials. Many of the textbooks for this course have supplemental on-line materials that provided quizzes and assignments as well. Training Institutions must verify that course materials being used meet the National Education Standards as it pertains to the Advanced EMT.

CONDUCT COURSE

Courses must be conducted in accordance with your Training Institution policy and procedures, as well as the policies of the Bureau of EMS. The Primary Instructor is responsible to notify the Bureau of EMS of any changes to course schedule, course start date, or course completion date. Students are expected to follow the prescribed guidelines of the Training Institution, and course instructors are expected to follow their prescribed guidelines as well.

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The National Registry Exam

SCHEDULING NATIONAL REGISTRY PSYCHOMOTOR EXAM ON-SITE

To schedule an exam at your training institution, the Program Director must contact the Bureau of EMS Examination Coordinator and request an exam no less than **45 days prior** to the exam date.

Offering an examination at the Training Institution is at the discretion of the Bureau of EMS. It is the responsibility of the Training Institution to:

- Ensure the examination site is in full compliance with the NREMT exam requirements in the *NREMT Advanced Level Examination Coordinator Manual*.
- Arrange all the required equipment, manikins, supplies
- Arrange examiners who are not affiliated with the course or students (non-bias)

Training Institutions offering an on-site exam must inform the Bureau of EMS if the exam is 'open to the public' or closed (for your own students). This information will be published on the NREMT website. Training Institutions may, at their discretion, change a facility fee payable directly to the institution.

Preparing for the National Registry Psychomotor Exam

The National Registry Exam Coordinators Manual, available at https://www.nremt.org/nremt/about/exam_coord_man.asp, provides comprehensive information regarding student test procedures, anticipated time frames to assist in planning, as well as materials list for each station. The instructor that will serve as the Exam Coordinator should find all necessary information within this document, including the number of needed "patients", evaluators, etc.

When planning for the exam, it is possible to have two stations in one room (i.e. IV therapy and IV bolus). The testing candidate would complete one station, and then begin the second station, after the examiner has read the instructions. Combining stations is sometimes necessary due to shortage of room or evaluators.

Prior to the exam, all candidates that will be testing need to have created their National Registry account. This can be done from the home page at <https://www.nremt.org> by selecting the link "Create New Account."

Conducting National Registry Psychomotor Exam

Prior to the exam, the Exam Coordinator should contact the Bureau of EMS designated National Registry Examination Representative to confirm the number of students testing, number of stations, and start time for the exam.

Testing candidates should be instructed to arrive early, to bring a legal form of identification to the test site, a Money Order in the amount of \$75 payable to the Bureau of EMS for the state examination fee (L.R.S. 40:1231.1(B)), and to have their course number for paperwork purposes.

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On the day of the exam, all stations are to be clearly labeled and contain the materials outlined in the National Registry Exam Coordinators Manual. The National Registry Exam Representative will notify the Exam Coordinator of any deficiencies or needs that would need to be corrected.

OBTAINING A LOUISIANA ADVANCED EMT LICENSE

After the student has successfully completed the National Registry Psychomotor and Written Exams, and obtained a certification from the NREMT as an Advanced EMT, the student is eligible to apply for a Louisiana License as an Advanced EMT.

APPENDIX A
SAMPLE SCHEDULE FOR AEMT COURSE

Sample Course Schedule: AEMT Program

This is provided as a sample source schedule template. Modify as required to meet the needs of your specific program.

Preparatory Section

Time	Date	Lesson	Instructor
1 Hour	_____	EMS Systems	_____
1 Hours	_____	Workforce Safety & Wellness	_____
2 Hours	_____	Medical/Legal and Ethics	_____
2 Hours	_____	Communications and Documentation	_____
4 Hours	_____	Anatomy and Physiology	_____
2 Hours	_____	Life Span Development	_____
1 Hour	_____	Public Health	_____
1 Hour	_____	Evaluation: Preparatory	_____

Pharmacology Section

Time	Date	Lesson	Instructor
3 Hours	_____	Principles of Pharmacology	_____
4 Hours	_____	Vascular Access & Medication Administration	_____
4 Hours	_____	Emergency Medications	_____
8 Hours	_____	Practical Skills Lab: Access & Pharmacology	_____
1 Hour	_____	Evaluation: Pharmacology	_____

Airway Management, Respiration and Artificial Ventilation

Time	Date	Lesson	Instructor
2 Hours	_____	Airway Management	_____
5 Hours	_____	Respiration and Ventilation	_____
6 Hours	_____	Practical Skills Lab: Airway	_____
1 Hour	_____	Evaluation: Airway	_____

Patient Assessment

Time	Date	Lesson	Instructor
1 Hour	_____	Scene Size-Up	_____
2 Hours	_____	Primary Assessment	_____
1 Hours	_____	History Taking	_____
3 Hours	_____	Secondary Assessment	_____
2 Hours	_____	Reassessment and Monitoring Devices	_____
8 Hours	_____	Practical Skills Lab: Patient Assessment	_____
1 Hour	_____	Evaluation: Patient Assessment	_____

Medical Section

Time	Date	Lesson	Instructor
2 Hours	_____	Medical Overview	_____
2 Hours	_____	Neurology	_____
2 Hours	_____	Abdominal and Gastrointestinal Disorders	_____
2 Hours	_____	Immunology	_____
3 Hours	_____	Endocrine and Hematology	_____
2 Hours	_____	Psychiatric	_____
5 Hours	_____	Cardiovascular	_____
3 Hours	_____	Toxicology	_____
3 Hours	_____	Respiratory	_____
1 Hour	_____	Gynecology	_____
8 Hours	_____	Practical Skills Lab: Medical	_____
1Hour	_____	Evaluation: Medical	_____

Shock and Resuscitation Section

Time	Date	Lesson	Instructor
6 Hours	_____	Shock	_____
4 Hours	_____	BLS Resuscitation –CPR	_____
4 Hours	_____	Practical Skills Lab: Shock and Resuscitation	_____
1 Hour	_____	Evaluation: Shock and Resuscitation	_____

Trauma Section

Time	Date	Lesson	Instructor
2 Hours	_____	Trauma Overview	_____
2 Hours	_____	Bleeding	_____
3 Hours	_____	Chest Trauma	_____
3 Hours	_____	Abdominal and Genitourinary Trauma	_____
3 Hours	_____	Orthopedic Trauma	_____
4 Hours	_____	Soft Tissue Trauma	_____
4 Hours	_____	Head, Facial, Neck and Spine Trauma	_____
3 Hours	_____	Special Considerations in Trauma	_____
2 Hours	_____	Environmental Emergencies	_____
2 Hours	_____	Multi-System Trauma	_____
8 Hours	_____	Practical Skills Lab: Trauma	_____
1 Hour	_____	Evaluation: Trauma	_____

Special Patient Populations

Time	Date	Lesson	Instructor
3 Hours	_____	Obstetrics and Neonatal Care	_____
3 Hours	_____	Pediatrics	_____
3 Hours	_____	Geriatrics	_____
2 Hours	_____	Patients with Special Challenges	_____
4 Hours	_____	Practical Skills Lab: Special Patient Population	_____
1 Hour	_____	Evaluation: Special Patient Population	_____

Operations

Time	Date	Lesson	Instructor
1 Hour	_____	Principles of Operating an Ambulance	_____
1 Hour	_____	Incident Management	_____
2 Hours	_____	Mass Casualty Incidents	_____
1 Hour	_____	Vehicle Extrication	_____
2 Hours	_____	HazMat Awareness and Terrorism	_____
6 Hours	_____	Practical Skills Lab: Operations	_____
1 Hour	_____	Evaluation: Operations	_____

Testing

Practical	_____	National Registry Practical Exam	Administered by Bureau of EMS
CBT	_____	National Registry Computer Based Test	Administered by Pearson VUE

APPENDIX B

SAMPLE CLINICAL FORMS

Medication Administration

Student Name: _____

The purpose of this evaluation is to assure that all students can demonstrate the ability to administer medications correctly and effectively. Each student must be checked for accuracy by an AEMT, Paramedic, Registered Nurse, Physician or Physician's Assistant. Each student will be required to successfully administer at least 15 medications to live patients, no manikins. All attempts must be supervised by a trained preceptor in that skill.

Date	Medication Name	Amount (Dose)	Route	Correctly Performed?		Preceptor Name & Signature
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

APPENDIX C
NREMT SKILL SHEETS & FORMS



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started:	Possible Points	Points Awarded		
Takes or verbalizes body substance isolation precautions	1			
SCENE SIZE-UP				
Determines the scene/situation is safe	1			
Determines the mechanism of injury/nature of illness	1			
Determines the number of patients	1			
Requests additional help if necessary	1			
Considers stabilization of spine	1			
PRIMARY SURVEY				
Verbalizes general impression of the patient	1			
Determines responsiveness/level of consciousness	1			
Determines chief complaint/apparent life-threats	1			
Assesses airway and breathing	3			
-Assessment (1 point)				
-Assures adequate ventilation (1 point)				
-Initiates appropriate oxygen therapy (1 point)				
Assesses circulation	3			
-Assesses/controls major bleeding (1 point)				
-Assesses skin [either skin color, temperature, or condition] (1 point)				
-Assesses pulse (1 point)				
Identifies priority patients/makes transport decision	1			
HISTORY TAKING AND SECONDARY ASSESSMENT				
History of present illness	8			
-Onset (1 point)		-Severity (1 point)		
-Provocation (1 point)		-Time (1 point)		
-Quality (1 point)		-Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)		
-Radiation (1 point)				
Past medical history	5			
-Allergies (1 point)		-Past pertinent history (1 point)	-Events leading to present illness (1 point)	
-Medications (1 point)		-Last oral intake (1 point)		
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment]	5			
-Cardiovascular		-Neurological	-Integumentary	-Reproductive
-Pulmonary		-Musculoskeletal	-GI/GU	-Psychological/Social
Vital signs	5			
-Pulse (1 point)		-Respiratory rate and quality (1 point each)		
-Blood pressure (1 point)		-AVPU (1 point)		
Diagnoses (must include application of ECG monitor for dyspnea and chest pain)	2			
States field impression of patient	1			
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1			
Transport decision re-evaluated	1			
REASSESSMENT				
Repeats primary survey	1			
Repeats vital signs	1			
Evaluates response to treatments	1			
Repeats secondary assessment regarding patient complaint or injuries	1			
Actual Time Ended: _____				
	TOTAL	48		

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize body substance isolation precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- ____ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation
- ____ Failure to determine the patient's primary problem
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide for spinal protection when indicated

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	NOTE: Areas denoted by **** may be integrated within sequence of primary survey	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway		2	
-Opens and assesses airway (1 point)			
-Inserts adjunct as indicated (1 point)			
Breathing		4	
-Assess breathing (1 point)			
-Assures adequate ventilation (1 point)			
-Initiates appropriate oxygen therapy (1 point)			
-Manages any injury which may compromise breathing/ventilation (1 point)			
Circulation		4	
-Checks pulse (1 point)			
-Assess skin (either skin color, temperature, or condition) (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management (1 point)			
Identifies priority patients/makes transport decision based upon calculated GCS		1	
HISTORY TAKING			
Obtains, or directs assistant to obtain, baseline vital signs		1	
Attempts to obtain sample history		1	
SECONDARY ASSESSMENT			
Head		3	
-Inspects mouth**, nose**, and assesses facial area (1 point)			
-Inspects and palpates scalp and ears (1 point)			
-Assesses eyes for PERLL** (1 point)			
Neck**		3	
-Checks position of trachea (1 point)			
-Checks jugular veins (1 point)			
-Palpates cervical spine (1 point)			
Chest**		3	
-Inspects chest (1 point)			
-Palpates chest (1 point)			
-Auscultates chest (1 point)			
Abdomen/pelvis**		3	
-Inspects and palpates abdomen (1 point)			
-Assesses pelvis (1 point)			
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**		2	
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)			
Upper extremities		2	
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)			
Posterior thorax, lumbar, and buttocks**		2	
-Inspects and palpates posterior thorax (1 point)			
-Inspects and palpates lumbar and buttocks area (1 point)			
Manages secondary injuries and wounds appropriately		1	
Reassesses patient		1	
Actual Time Ended: _____		TOTAL	42

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 10 minute time limit
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to determine scene safety
- ___ Failure to assess for and provide spinal protection when indicated
- ___ Failure to voice and ultimately provide high concentration of oxygen
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ___ Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

ALTERNATIVE AIRWAY DEVICE (SUPRAGLOTTIC AIRWAY)

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Device: _____

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "" so long as first ventilation is delivered within 30 seconds.

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
""Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
""Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device [may be verbalized]	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Actual Time Ended: _____	TOTAL	19

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 10 – 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- ___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- ___ Failure to inflate cuffs properly and immediately remove the syringe
- ___ Failure to secure the strap (if present) prior to cuff inflation
- ___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
Checks carotid pulse [no more than 10 seconds]	1	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	5	
<i>NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.</i>		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Level of Testing: NREMT-Intermediate/85 NRAEMT NREMT-Intermediate/99 NREMT-Paramedic

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
Takes or verbalizes body substance isolation precautions (prior to venipuncture)	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture: -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter (tapes securely or verbalizes)	1	
Adjusts flow rate as appropriate	1	
TOTAL	22	

Actual Time Ended: _____

NOTE: Check here if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not evaluate the candidate in IV Bolus Medications.

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IV within 6 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- ___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

INTRAVENOUS BOLUS MEDICATIONS

Actual Time Started: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues to take or verbalize body substance isolation precautions	1	
Identifies and cleanses injection site closest to the patient (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV on and adjusts drip rate to TKOKVO	1	
Verbalizes need to observe patient for desired effect and adverse side effects	1	
TOTAL	12	

Actual Time Ended: _____

Critical Criteria

- ___ Failure to continue to take or verbalize appropriate body substance isolation precautions
- ___ Failure to begin administration of medication within 3 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Failure to adequately dispel air resulting in potential for air embolism
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, or pushes at inappropriate rate)
- ___ Failure to turn-on IV after injecting medication
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate body substance isolation precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____	TOTAL 24	

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IO line within 8 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing IO puncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Failure to successfully establish IO infusion within 2 attempts during 8 minute time limit
- ___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- ___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO ₂ reading	1	
<i>NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."</i>		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
<i>NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)</i>		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
<i>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.</i>		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 20/minute and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"</i>		
Calls for immediate transport of patient	1	
Actual Time Ended: _____	TOTAL	20

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 20/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to recognize and treat respiratory failure in a timely manner
- ___ Insertion or use of any airway adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time End: _____	TOTAL 12	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Practical Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Time Start: _____	Possible	Points
	Points	Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Time End: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL 10	

Critical Criteria

- Did not immediately stabilize the extremity manually
- Grossly moves the injured extremity
- Did not immobilize the joint above and the joint below the injury site
- Did not immobilize the hand or foot in a position of function
- Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- Did not immediately stabilize the extremity manually
- Grossly moves the injured extremity
- Did not immobilize the bone above and below the injury site
- Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Program Directors!

How to Authorize Your Students to Take an NREMT Exam



As program director, you are responsible for verifying when your students have completed a state-approved EMS course.

Detailed instructions on how to make the necessary verifications are below. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1

Login

- Go to www.nremt.org
- From the main page, click on 'Login' (found in the blue bar at the top of the page)
- Enter your Username and Password and proceed as prompted
- Click on 'Login'

Step 2

Verification of Course Completion

To verify course completion, click on 'Course Completion Verification' on the left side of the screen.

- Review all the requirements listed and possible responses:
 1. This is 'Not our student' (Not Our Student)
 2. This student 'Did not successfully complete program requirements' (No Course Completion)
 3. This student, 'Successfully completed program requirements as well as CPR and skill competency' (Successful Course Completion)
- Go to 'Registration Level'. Use the pull-down arrow to select your choice
- Click on 'Select'
- You will see a list of candidates who indicated they were part of your education program (last name and last four digits of their Social Security Number). The date in the 'Course Completion Date' column is the date provided by the candidate on their application. If the date is not correct, you may edit this field (note: only the month and year are recorded)

- For each candidate, review the information and click on the appropriate statement as prompted
- Read the statement in the box at the end of your student list. **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

Step 3

Practical Exam Verification

First Responder and EMT-Basic

If your State permits, you will need to verify the Psychomotor (Practical) Examination of your students.

- To verify skills, click on 'Practical Exam Verification' on the left hand side of the screen
- Review all the requirements listed. As Program Director you will indicate one of the following responses:
 1. 'Not Our Student' or 'Failed Final Attempt'
 2. 'Successfully Completed Practical Examination' (Successful Practical Skills Completion)
- Click on 'Search'
- You will see a list of candidates who indicated they were part of your education program as in Step 2. Proceed as prompted
- Read the statement in the box at the end of your student list. **By clicking 'Submit' you are attaching your "electronic signature" to that candidate's application**
- Once you have processed a student on the list, they will be removed

Intermediate and Paramedic

Advanced level candidates (Intermediate and Paramedic) may take the psychomotor evaluation (practical exam) following completion of the didactic and laboratory portions of an approved program if permitted by the program director and the State EMS Licensing Agency.

Advanced level psychomotor examinations will be verified by NREMT Advanced Level Representatives.

EMS Students!

Follow These Steps to Take The NREMT Exam



Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1: Create Your Account

- Go to nremt.org and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Read this to avoid delay! Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

Read this to avoid delay! An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

Read this to avoid delay! You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

Read this to avoid delay! Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

- **Read this to avoid delay!**
 - You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
 - Refunds cannot be issued for no-shows.
 - If you arrive late for your exam, you may lose your appointment!

**Additional informational can be found on the NREMT instructional DVD.
Ask your instructor for more information or visit the NREMT website at www.NREMT.org.**

Revisions and updates may be necessary to make the CBT transition as smooth as possible. Please refer to the NREMT website for the most current policies and procedures.
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