

State of Wisconsin
 EMT Basic
PATIENT ASSESSMENT
 Practical Skills Checklist

A
 Cardiac
 Respiratory

	Possible Points	Earned Points
SCENE SIZE-UP		
Takes or verbalizes BSI prior to patient contact *	1 *	
Scene size-up ___ Scene is safe * ___ MOI / NOI ___ Number of patients ___ Additional help / resources ___ C-Spine considerations	5 *	
INITIAL 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 *	3 *	
Identify patient priority / makes transport decision *	1 *	
FOCUSED HISTORY AND PHYSICAL EXAM		
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	
Performs focused exam pertinent to chief complaint and assessment findings	1	
Vital Signs ___ Pulse ___ Blood Pressure ___ Respirations ___ Skin ___ Pupils	5	
States working field impression	1	
CARDIAC ___ Drug (ASA) * ___ Dose * ___ Route * ___ Indicates standing order or contacts medical control	4 *	
RESPIRATORY ___ Drug (albuterol) * ___ Dose * ___ Route * ___ Indicates standing order or contacts medical control		
___ Repeats initial assessment ___ Repeats vital signs ___ Evaluates response to treatments ___ Repeats focused assessment	4	
TOTAL TIME: _____ : _____	Points Possible / Earned	44

*** Critical Criteria (Comment Required)**

- Failure to verbalize or take BSI prior to patient contact _____
- Failure to determine scene safety _____
- Failure to verbalize the administration of high-flow oxygen _____
- Failure to identify priority patient and makes transport decision _____
- Does not specify drug, dose, or route _____
- Failure to manage appropriately problems with the ABC's _____

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: _____