

**EMT-BASIC**

***Cognitive***

**SKILLSHEETS**

*author:*

**Chip Boehm, RN, EMT-P**

*consulting editor:*

**Steve Mercer, EMT-P**

**COMMUNICATION SKILLS, INC.**

**49 RICHMONDVILLE AVENUE**

**WESTPORT, CT 06880**

**800 824 2398**

**FAX 203 226 8820**

**ISBN 1-884225-07-1**

**concepts • in • emergency • care**

# contents

Introduction .....	1
<b>MODULE 1: PREPARATORY</b> .....	2
<b>Well-Being of the EMT-Basic</b>	
<b>1</b> Body Substance Isolation .....	3
<b>Baseline Vital Signs and SAMPLE History</b>	
<b>2</b> Assessing Breathing .....	5
<b>3</b> Assessing a Pulse .....	7
<b>4</b> Assessing Skin: Skin Color, Temperature, and Condition (CTC) .....	9
<b>5</b> Assessing Pupils .....	11
<b>6</b> Assessing Blood Pressure .....	12
<b>7</b> Obtaining a SAMPLE History .....	14
<b>Lifting and Moving Patients (Emergent Moves)</b>	
<b>8</b> Shoulder or Clothes Drag: One Rescuer .....	15
<b>9</b> Blanket Drag .....	16
<b>10</b> Incline or Forearm Drag .....	18
<b>Lifting and Moving Patients (Non-Urgent)</b>	
<b>11</b> Direct Ground Lift: No Spine Injury .....	19
<b>12</b> Extremity Lift: No Suspected Extremity Injuries .....	21
<b>Lifting and Moving Patients</b>	
<b>13</b> Direct Carry Transfer from Bed to Stretcher .....	23
<b>14</b> Draw Sheet Transfer from Bed to Stretcher .....	25
<b>15</b> Loading the Wheeled Stretcher into the Ambulance .....	26
<b>16</b> Scoop or Orthopedic Style Stretcher .....	27
<b>17</b> Stair Chair .....	28
<b>MODULE 2: AIRWAY</b> .....	29
<b>Airway Management</b>	
<b>18</b> Head Tilt/Chin Lift Maneuver .....	30
<b>19</b> Jaw Thrust Maneuver .....	31
<b>20</b> Mouth-to-Mouth Rescue Breathing .....	32
<b>21</b> Mouth-to-Mask Rescue Breathing .....	33
<b>22</b> Bag-Valve Mask: Two-Rescuer Method .....	35
<b>23</b> Bag-Valve Mask: One-Rescuer Method .....	37
<b>24</b> Flow-Restricted, Oxygen-Powered Ventilation Devices .....	39
<b>25</b> Ventilating Patient with Stoma: With or Without a Stoma Tube .....	40
<b>26</b> Oropharyngeal Airways (OPA) .....	41
<b>27</b> Nasopharyngeal Airways (NPA) .....	43
<b>28</b> Mechanical Suction Devices .....	45
<b>29</b> Hand Powered Suction .....	46
<b>30</b> Oxygen Cylinder and Regulator Attachment .....	47
<b>31</b> Nonrebreather Mask .....	48
<b>33</b> Nasal Cannula .....	49

<b>MODULE 3: PATIENT ASSESSMENT</b> .....	50
<b>33</b> Scene Size-up .....	51
<b>34</b> Initial Assessment .....	53
<b>35</b> Focused History and Physical Exam: Trauma Patient .....	56
<b>36</b> Focused History and Physical Exam: Responsive Medical Patient .....	59
<b>37</b> Focused History and Physical Exam: Unresponsive Medical Patient .....	61
<b>38</b> Detailed Physical Exam .....	63
<b>39</b> On-going Assessment .....	65
<b>40</b> Revised Assessment: Putting It All Together .....	67
<b>41</b> Communications Via Radio .....	69
<b>42</b> Documentation .....	71
 <b>MODULE 4: MEDICAL EMERGENCIES</b> .....	 72
<b>General Pharmacology</b>	
<b>43</b> Steps for Medication Administration .....	73
<b>Respiratory Emergencies</b>	
<b>44</b> Patient Assisted Inhaler .....	74
<b>Cardiac Emergencies</b>	
<b>45</b> Cardiac Arrest and Automated External Defibrillation .....	76
<b>46</b> Use of Nitroglycerin .....	78
<b>Diabetic Emergencies</b>	
<b>47</b> Oral Glucose Administration .....	80
<b>Seizures</b>	
<b>48</b> Seizure Disorder .....	82
<b>Allergic Reaction</b>	
<b>49</b> Use of the Epinephrine Auto-Injector .....	84
<b>Poisoning and Overdose</b>	
<b>50</b> Use of Activated Charcoal .....	87
<b>Environmental Emergencies</b>	
<b>51</b> Generalized Exposure to Cold .....	90
<b>52</b> Localized Exposure to Cold .....	92
<b>53</b> Heat Emergencies: Moist, Pale, Normal-to-Cool Skin .....	94
<b>54</b> Heat Emergencies: Hot, Dry, or Moist Skin .....	96
<b>Medical Emergencies</b>	
<b>55</b> Behavioral Emergencies .....	98
<b>56</b> Obstetrics and Gynecology: The Normal Delivery .....	100
<b>57</b> Obstetrics and Gynecology: Breech Presentation .....	105
<b>58</b> Obstetrics and Gynecology: Prolapsed Umbilical Cord .....	107
<b>59</b> Obstetrics and Gynecology: Limb Presentation .....	109
<b>60</b> Obstetrics and Gynecology: Multiple Births .....	111

**MODULE 5: TRAUMA** ..... 116

**Bleeding and Shock**

- 61** Controlling External Bleeding: Use of Direct Pressure ..... 117
- 62** Controlling External Bleeding: Use of Pressure Points ..... 120
- 63** Controlling External Bleeding: Use of Tourniquets ..... 123
- 64** Controlling External Bleeding: Use of Splints ..... 126
- 65** Controlling External Bleeding from Ears or Nose ..... 128
- 66** Controlling External Bleeding from a Nosebleed ..... 129
- 67** Controlling Internal Bleeding ..... 131
- 68** Emergency Medical Care for Shock ..... 133

**Soft Tissue Injuries**

- 69** Closed Soft Tissue Injuries ..... 135
- 70** Open Soft Tissue Injuries ..... 137
- 71** Open Chest Wounds ..... 139
- 72** Abdominal Injuries and Eviscerations ..... 141
- 73** Impaled Objects ..... 144
- 74** Amputations and Avulsions ..... 147
- 75** Open Neck Wounds ..... 149
- 76** Burn Injuries ..... 151

**Musculoskeletal Injuries**

- 77** General Splinting Techniques for Long Bone  
and Joint Injuries ..... 156
- 78** Traction Splint Application ..... 159
- 79** Upper Extremity Injuries: Use of a Sling and Swathe ..... 162
- 80** Use of the Pneumatic Anti-Shock Garment ..... 164
- 81** Spine Injuries: General Emergency Medical Care ..... 166
- 82** Injuries to the Head and Spine: Supine Patient ..... 169
- 83** Injuries to the Head and Spine:  
Stable Patient in Seated Position ..... 173
- 84** Injuries to the Head and Spine:  
Unstable Patient in Seated Position ..... 177
- 85** Injuries to the Head and Spine:  
Rapid Takedown of Patient in Standing Position ..... 180
- 86** Injuries to the Head and Spine: Helmet Removal ..... 183
- 87** Injuries to the Head and Spine:  
Skull Fracture and Head Injuries ..... 186
- 88** Injuries to the Head and Spine:  
Immobilization of Infants and Children ..... 188

<b>MODULE 6: INFANTS AND CHILDREN</b> .....	190
<b>89</b> Pediatric Patient Assessment .....	191
<b>90</b> Foreign Body Airway Obstruction: Infant .....	194
<b>91</b> Foreign Body Airway Obstruction: Child .....	197
<b>92</b> Rescue Breathing and Use of the Bag-Valve Mask .....	200
<b>93</b> Respiratory Distress and Providing Supplemental Oxygen .....	202
 <b>MODULE 7: OPERATIONS</b> .....	 204
<b>Preparing For Calls</b>	
<b>94</b> Equipment and Supplies Checklist .....	205
<b>95</b> Vehicle Checklist .....	210
<b>Ambulance Operations</b>	
<b>96</b> Driving the Ambulance .....	212
<b>Rescue Operations</b>	
<b>97</b> Gaining Access .....	214
<b>Disaster/Triage Operations</b>	
<b>98</b> Mass Casualty Incidents .....	215
 <b>MODULE 8: ADVANCED AIRWAY</b> .....	 218
<b>99</b> Adult Orotracheal Intubation With Sellick Maneuver .....	219
<b>100</b> Infant/Child Orotracheal Intubation With Sellick Maneuver .....	222
<b>101</b> Nasogastric Tube Insertion .....	226
<b>102</b> Multi-Lumen Airway Insertion: Combitube® .....	228
<b>103</b> Multi-Lumen Airway Insertion: PtL® .....	230

# *introduction*

The EMT-Basic Cognitive Skillsheets are designed to be used in EMT-Basic training programs. All psychomotor skills from the DOT 1994 EMT-Basic National Standard Curriculum (NSC) are included. Occasionally, where appropriate, the specific cognitive skillsheet is combined with an entire skill versus listing each individual skill component or element as in the EMT-B NSC.

Instruction of psychomotor skills begins with the cognitive basis for the skill itself. This includes the Why? When? and What? The actual psychomotor skill element is the "How?" and in what situation the skill is performed. Presenting practical skills starts with giving the student the cognitive basis for the task or skill element. A demonstration by the instructor follows the cognitive knowledge. This can be a full, or "real-time," demonstration usually followed by a step-by-step demonstration. Next students should be allowed a supervised practice or "coaching" period in which to perform the task or skill. Drill or indirect supervision follows the coaching session and is usually less restrictive and is performed with fellow students in informal sessions. Last, students are evaluated on performance of the skill.

Each of the following EMT-Basic Cognitive Skillsheets lists the task or skill element with the corresponding cognitive knowledge for that specific skill and can be used during step-by-step demonstrations and in supervised and unsupervised practical sessions. Advantages to using the EMT-Basic Cognitive Skillsheets during a program include increasing learning rate and retention, allowing for positive reinforcement, and providing objective feedback for students to increase proficiency and retention. While the steps for the specific skills are based upon the DOT 1994 EMT-Basic NSC, there may be slight differences within a particular state or according to local medical direction. In some cases the cognitive skillsheet may need to be modified to reflect these differences. Throughout the skillsheets, the term EMT is used to indicate prehospital care providers at all levels of training: e.g., First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic.

These sheets are designed to be photocopied for each program participant and should be used throughout the program during demonstrations, coaching, and other practical sessions as an adjunct to the learning process.

# 1 BODY SUBSTANCE ISOLATION (BSI)

*Task/skill element*

*Cognitive information*

PERSONAL AND PATIENT SAFETY

- |  |  |
|--|--|
| <p>1. Wash hands before and after patient contact.</p>   | <p>The practice of good hand washing technique is the best defense against the transmission of infectious or potentially infectious blood or body fluids. EMTs should wash their hands, either with soap and water or other disinfectant, as soon as possible upon removing gloves after patient contact.</p>  |
| <p>2. Use disposable gloves (vinyl or latex).</p>  | <p>Disposable gloves should be worn any time there is potential contact with blood or body fluids. EMTs should also change gloves between patients.</p>  |
| <p>3. Wear eye protection when appropriate.</p>  | <p>Protective eyewear is needed when there is a risk of blood or body fluid spatter; e.g., emergency childbirth, airway adjuncts, or major trauma. If prescription glasses are worn, then removable side shields may be adapted to them.</p>   |
| <p>4. Wear protective gown when appropriate.</p>   | <p>Protective gowns are needed when there are large splash areas of blood or body fluids; e.g., emergency childbirth, or major trauma. These gowns should be designed to provide a barrier to prevent blood or body fluid from reaching the EMT's inner clothing or skin. In cases where an EMT's clothing does become contaminated, he/she should have a change of uniform available.</p> |
| <p>5. Wear face mask/shield when appropriate.</p>  | <p>A surgical type mask or face shield should be worn in cases where there is anticipated blood or body fluid spatter; e.g., emergency childbirth, airway adjuncts, or major trauma. In cases of potential infectious respiratory tuberculosis, a high efficiency particulate (HEPA) respirator is required.</p>   |
| <p>6. Use airway adjuncts (face shields and/or pocket mask with one-way valve) when appropriate.</p> | <p>While mouth-to-mouth ventilation techniques are taught in basic cardiac life support, EMTs should use protective/barrier equipment at all times to decrease the possibility of any disease transmission.</p>  |

# 1 BODY SUBSTANCE ISOLATION (BSI)—p. 2

*Task/skill element*

*Cognitive information*

EQUIPMENT/OTHER CONSIDERATIONS

- |  |   |
|--|---|
| <p>1. Do not use linen or disposable equipment on multiple patients.</p>               | <p>Any linen contaminated with blood or body fluid has the potential for disease transmission through indirect contact. Any linen used for patient care should be properly laundered after each use. Disposable equipment is designed for single patient use only and should be disposed of properly.</p>   |
| <p>2. Properly clean, decontaminate, or disinfect all reusable equipment.</p>          | <p>Every piece of equipment that has the potential for contact with blood or body fluid should be cleaned, decontaminated, or disinfected after each call or patient contact. All equipment should be maintained in a clean and sanitary condition. Each individual EMS service should have cleaning guidelines and schedules to be followed.</p> |
| <p>3. Properly dispose of all contaminated refuse.</p>                                 | <p>All trash or other disposable items need to be properly disposed of and separated from regular trash. Disease transmission may occur in contaminated refuse not properly handled. Do not attempt to recap, cut, or bend used needles; put them directly into puncture resistant containers.</p>  |
| <p>4. Report any significant exposure to the designated infection control officer.</p> | <p>A significant exposure is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Any significant exposure needs to be reported to determine the necessary follow-up care.</p>      |