



Infrequently Used Skills Checklist Adult Airway Management

Paramedics Name:	Date:
Provider Agency:	Evaluator(s):

Objective: Emphasize assessment-based interventions and airway and adequacy of ventilation for adult patients and demonstrate the ability to proficiently perform the procedure(s).

Equipment: Appropriate PPE, adult intubation manikin, laryngoscope handles, adult laryngoscope blades, adult ET tubes, malleable stylet, bougie, 10ml syringe, tape or tube holder, stethoscope, BVM, suction device, ETCO2 equipment, and any other agency specific equipment.

Performance Criteria: The paramedic will be required to adequately describe the indications for proper airway management. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.

STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	Verbalizes indications for adult oral intubation: <ul style="list-style-type: none"> Cardiac arrest Respiratory arrest or severe compromise Sustained altered mental status with GCS \leq 8 Impending airway edema in the setting of respiratory tract burn or anaphylaxis 	
3	States or demonstrates the following procedures: <ul style="list-style-type: none"> If possible, pre-oxygenate with high flow O2 via BVM as appropriate Selects proper equipment for endotracheal intubation Checks equipment, including suction device States or demonstrates use/need of Bougie for difficult airways 	
4	Places patient in sniffing position if no c-spine considerations are noted	
5	Inserts the laryngoscope blade into the patient's mouth	
6	Applies upward lifting motion with laryngoscope avoiding the teeth as a fulcrum. Visualizes glottic opening	
7	Inserts ET tube from the right into the glottic opening (Intubation attempt should take \leq 30 seconds) then Removes laryngoscope	
8	Maintaining Control of ETT, Inflates cuff with sufficient volume of air and disconnects syringe	
9	Confirms airway patency with physical assessment (chest rise, auscultation over the epigastrium and bilaterally over each lung), and appropriate ETCO2 monitoring methods based on available equipment	
10	Properly secures ET tube using tape or tube holder	
11	Verbalizes continuous waveform capnography will be utilized throughout transport	
12	Reevaluates tube placement after each patient movement	

Comments: _____



Infrequently Used Skills Checklist Adult Cardioversion

Paramedics Name:	Date:
Provider Agency:	Evaluator(s):

Objective: Describe/recognize the indications for synchronized cardioversion on an adult patient and proficiently perform the procedure.

Equipment: Appropriate PPE, adult defibrillation manikin, cardiac rhythm simulator, monitor/defibrillator, and adult defibrillation paddles with conductive medium or adult defibrillation electrodes, sedation medication (substitute) per PD# 8024-Cardiac Dysrhythmias.

Performance Criteria: The paramedic will be required to adequately describe the indications for proper cardiac cardioversion.

A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.

STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	States the indication for Synchronized Cardioversion in an adult per PD# 8024-Cardiac Dysrhythmia	
3	Recognizes rhythm on the monitor requiring cardioversion	
4	Verbalizes consideration of pre-cardioversion sedation and draws up medication	
5	Correctly applies hands free defibrillation electrodes or conductive medium	
7	Ensures that 'SYNC' button on the monitor is selected and that the synchronization indicators are active on the QRS complex.	
8	Selects appropriate initial cardioversion dose- PD# 8024 Cardiac Dysrhythmias and charges defibrillator	
9	States "clear" and visually checks that other rescuers or family are clear of the patient	
10	Delivers cardioversion by holding down the shock button until the defibrillator discharges	
11	Re-assesses patient and properly identifies rhythm on the monitor	
12	Repeats steps 7-11 as needed for evaluation competency	

Comments:



Infrequently Used Skills Checklist Childbirth

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Describe the indications/complications for childbirth and demonstrate the ability to proficiently perform the procedure.		
Equipment: Appropriate PPE, OB manikin, OB kit (drapes, chux, bulb suction, clamp, scalpel).		
<p>Performance Criteria: The paramedic will be required to adequately describe the indications/complications for childbirth and proficiently perform the procedure.</p> <p>A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.</p>		
STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	Supplemental O2 as necessary to maintain SpO2 ≥ 94%	
3	Determine and document history of OB patient as per PD# 8042-Childbirth	
4	If delivery is not in progress, transport patient in left lateral recumbent position (verbalize current condition of patient, baby crowning or abnormal delivery present such as prolapsed cord)	
5	Verbalizes signs/symptoms/treatment for complications (placenta previa, placenta abruptio, prolapsed cord, limb presentation). Verbalizes immediate transport of patient(s) if complications exist	
8	Has contents of OB kit readily available (bulb syringe, cord clamps, scissors, scalpel, etc.)	
9	Follows procedures for head presentation, prolapsed cord, breech or footing as outlined in PD# 8042-Childbirth	
10	Verbalizes APGAR at one minute and 5 minutes	
11	Verbalizes transport of patient(s)	

Comments:



Infrequently Used Skills Checklist Epinephrine Dilution Skill

Paramedics Name:	Date:
Provider Agency:	Evaluator(s):

Objective: For personnel to maintain a level of proficiency for the dilution of Epinephrine 1:1000 when there is a shortage of Epinephrine 1:10,000 and Dopamine. Epinephrine has both Alpha- and Beta- adrenergic activity and may cause tachycardia in addition to vasoconstriction

Precautions: Epinephrine has both Alpha- and Beta- adrenergic activity and may cause tachycardia in addition to vasoconstriction Bedside dilution of medication, and incremental administration by aliquots carries significant risk of dosing errors. Precautions must be taken to verify dilution and dosing administration with each use.

Performance Criteria: Personnel will be required to adequately draw up the proper concentration of Epi 1:1000 to make a 1:10,000 solution of Epinephrine. Personnel will then demonstrate drawing up a 1:10,000 Epinephrine push dose in lieu of Dopamine.

A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.

STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	To obtain Epinephrine 1:10,000: Draws up one (1) mg of epinephrine from an epinephrine 1:1000 ampule in a 10mL syringe	
3	Adds nine (9) mL of normal saline from a vial or the IV line	
4	To obtain push dose epinephrine: Mix 1 mL epinephrine 0.1mg/mL (1:10,000 IV formulation) with 9mL normal saline in a 10mL syringe. Resulting concentration of epinephrine 0.01mg/ml (10mcg/ml)	
5	Verbalize administration of concentration 0.5-2mL (5-20mcg) IV/IO every 2-5 minutes, titrate to SBP > 90mmHg	

Comments: _____



Infrequently Used Skills Checklist External Jugular IV Cannulation

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Describe/recognize the indications for external jugular IV cannulation and proficiently perform the procedure.		
Equipment: Appropriate PPE, IV start kit, IV catheter, IV set, and infusion fluid.		
Performance Criteria: The paramedic will be required to adequately describe/recognize the indications for external jugular IV cannulation on an adult patient and proficiently perform the procedure on a manikin. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.		
STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	Verbalizes indications for external jugular cannulation with poor or no peripheral IV access	
3	Select venipuncture site. Turn the patient's head to opposite side of access	
4	Cleanses site appropriately	
5	Occlude venous return by placing a finger on the external jugular just above the clavicle	
6	Insert IV catheter with blood flow (toward patient's feet) at a 10°-30° angle with the bevel up, entering the vein midway between the angle of the jaw and the mid-clavicular line	
7	Advance until you feel the catheter enter into the vein or see blood in the flashback chamber	
8	Occlude blood flow at the catheter tip, remove the needle, and attach the primed IV administration set tubing to the catheter	
10	Dispose of the needle in a sharps container	
11	Open roller clamp and flush the line to ensure correct placement, then set clamp for appropriate drip rate	
12	Secure IV tubing. Verbalize on-going assessment for infiltration	

Comments:



Infrequently Used Skills Checklist Intraosseous (IO) Infusion-Powered Devices

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Describe the indications/contraindications for powered IO device utilization and demonstrate the ability to proficiently perform the procedure.		
Equipment: Utilize equipment as outlined in PD# 8808, appropriate PPE, IO manikin, and sharps container.		
Performance Criteria: The paramedic will be required to describe the indications/contraindications for utilization of the powered IO device on adult and pediatric patients as well as demonstrate the procedure on an IO mannequin. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.		
STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	States indications and contraindications for IO infusion Indications: <ul style="list-style-type: none"> • Cardiac Arrest • Patients in extremis who have immediate need for IV med or fluid • When indicated by protocol Contraindications: <ul style="list-style-type: none"> • Fracture in target bone • Infection at area of insertion • Excessive tissue at insertion site • Previous significant orthopedic procedures at the site, prosthetic limb or joint • IO or attempted IO access in the target bone in past 48 hours 	
3	Selects proper/approved anatomical site for IO infusion as per PD# 8808	
4	Preps IO site using aseptic technique	
5	Primes IV extension set with saline for unresponsive patient or lidocaine 2% for conscious patient responsive to pain	
6	Properly inserts IO needle according to manufacturer specific instructions	
7	Removes stylet from catheter and disposes appropriately	
8	Attaches the primed IV extension set to IO catheter	
9	Attempt to confirm IO placement by aspirating a small amount of bone marrow	
10	Flushes IO needle with 10mL of normal saline to establish infusion or Lidocaine for patients responsive to pain. Pressure bag for continuous fluid	
11	Administer appropriate medication using syringe or pre-load as appropriate	
12	Dress site and secure tubing	

Comments:



Infrequently Used Skills Checklist Hemorrhage Control

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Describe the indications for hemorrhage control and demonstrate the ability to proficiently perform the procedure.		
Equipment: Approved tourniquet devices and/or hemostatic agents if used as in PD# 8065		
Performance Criteria: The paramedic will be required to adequately describe the indications for tourniquet application. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.		
STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
2	Verbalizes indications for hemorrhage control (Protocol 8065)	
3	Identifies uncontrolled bleeding and rapidly exposes injury site	
4	Applies direct pressure and pressure bandage to injury site	
5	Verbalizes and selects and prepares approved tourniquet device and/ or hemostatic agents for application	
6	Applies approved tourniquet (Loosens strap and slips over affected limb OR removes strap and applies over limb in two hand technique, apply 2-3" proximal to wound	
7	Verbalizes that if patient has a non-approved and/or improperly positioned tourniquet, to apply approved tourniquet and remove inappropriate tourniquet	
8	Documents time of tourniquet application and presence or absence of distal pulse. Assess effectiveness of tourniquet	
9	Does patient meet SCEMSA TXA inclusion Criteria?	
10	Verbalizes inclusion and exclusion criteria.	
11	Mixes 1 gram of TXA in 100ml D ₅ W or NS and infuses over 10 min.	

Comments:



Infrequently Used Skills Checklist Needle Chest Decompression

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Describe the indications/contraindications for needle decompression and demonstrate the ability to proficiently perform the procedure as per Policy 8015-Trauma		
Equipment: PPE, Stethoscope, Monitor, Alcohol, povidone iodine preps, syringe, 3.25" 14 gauge chest decompression needle, normal saline, portable sharps container, gauze/dressing, tape, waste bag		
Performance Criteria: The paramedic will be required to describe the indications/contraindications for utilization of needle chest decompression. Assessment of airway, breathing and circulation. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.		
STEP	DESCRIPTION	Completed
1	Dons appropriate PPE	
5	Confirm the indication for needle chest decompression: Signs and symptoms of tension pneumothorax with rapidly progressing respiratory distress unrelieved by less invasive measures <ul style="list-style-type: none"> • Unilateral decreased breath sounds with history of chest trauma • Severe respiratory distress and/or • SBP less than 90 mmHg or loss of radial pulse due to shock OR <ul style="list-style-type: none"> • Traumatic arrest with evidence of chest trauma or suspicion that a tension pneumothorax is contributed to the arrest 	
6	Assemble equipment required for needle chest decompression	
7	Prepare the insertion site using aseptic techniques	
8	Perform needle chest decompression: <ul style="list-style-type: none"> • Ensure patient is oxygenated • Select proper site and clean • Prepare needle (3.25" 14 gauge chest decompression needle) • Insert the needle set at a 45 °angle, bevel up, just superior of the inferior rib • Advance the IV needle catheter set into the intercostal space while rapidly transitioning to ta 90° angle • Listen for a rush of exiting air (may not hear this) • Remove the needle and leave the catheter in place, properly dispose of the needle • Secure catheter in place with tape • Ensure the tension has been relieved and the patient's condition improves 	
9	Monitor/reevaluates patient and anticipates further treatment(s)	

Comments:



Infrequently Used Skills Checklist Pediatric Airway Management

Paramedics Name:	Date:	
Provider Agency:	Evaluator(s):	
Objective: Demonstrate pediatric airway management skills		
Equipment: Equipment for airway obstructions, BVM, OPA, NPA. For ages 8 and above ET equipment or supraglottic airway equipment (King Tube)		
<p>Performance Criteria: The paramedic will be required to describe the indications/contraindications for BLS and ALS airway management in pediatric patients, as well as demonstrate the procedures on a manikin. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.</p>		
STEP	DESCRIPTION	Completed
1	States indications for BLS/ALS airway management <ul style="list-style-type: none"> ET or supraglottic intubation may be used when BVM airway management fails to provide adequate ventilation or O₂ ONLY for children ≥ 8 years of age unless age unknown and then only children who meet or exceed the GREEN length on Handtevy or Broselow length based tapes. Percutaneous Cricothyrotomy may be used when indicated under PD# 9001 	
2	States and/or demonstrates the use of appropriate PPE	
3	Demonstrates BLS airway management skills: <ul style="list-style-type: none"> Proper positioning with jaw thrust or head tilt/chin lift Use of OPA/NPA when appropriate States and/or demonstrates appropriate ventilation rates 	
4	States the four steps to achieve optimal bag-valve mask (BVM) ventilation per PD # 8837	
5	States and/or demonstrates when ALS airway for ages 8-12 years of age is required to maintain adequate ventilation and/ or oxygenation	
6	Confirms correct placement of advanced airway: <ul style="list-style-type: none"> Bilateral chest movement Equal bilateral breath sounds Absence of epigastric sounds Colorimetric CO₂ detector or continuous end-tidal CO₂ waveform 	
7	Verbalizes potential complications and actions if patient continues to deteriorate per PD # 8837 (DOPE Pneumonic)	

Comments:



Infrequently Used Skills Checklist Percutaneous Cricothyrotomy

Paramedics Name:	Date:
Provider Agency:	Evaluator(s):

Objective: Describe the indications/contraindications for the use of Percutaneous Cricothyrotomy Ventilation, or High Flow Intermittent Ventilation

Equipment: Over-the-needle kink resistant (reinforced) cricothyrotomy catheter.

- Adult:13-14 gauge
- Pediatric: 15-18 gauge

Jet insufflation device with pressure gauge OR oxygen flow modulator designed for transtracheal ventilation (i.e. Enk Oxygen Flow Modulator)

10ml syringe, antiseptic Solution and oxygen source 40-60 psi with flow regulator.

Performance Criteria: The paramedic will be required to describe the indications/contraindications for utilization of Percutaneous Cricothyrotomy and Ventilation Indications. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.

STEP	DESCRIPTION	Completed
1	States indications for Percutaneous Cricothyrotomy. <ul style="list-style-type: none"> • Older than 3 years or greater than 15 kilograms • Have orofacial injuries or partial airway obstruction that precludes orotracheal intubation States indications for Ventilation <ul style="list-style-type: none"> • Jet Ventilation • High flow Intermittent Ventilation 	
2	States absolute Contraindications: <ul style="list-style-type: none"> • Do not perform Percutaneous Cricothyrotomy on a conscious patient • Do not perform Percutaneous Cricothyrotomy on patients with an anterior neck hematoma or with massive SQ emphysema • Jet ventilation cannot be used in patients with complete airway obstruction 	
3	States and/or demonstrates the use of appropriate PPE. Assemble equipment needed	
4	Performs Percutaneous Cricothyrotomy as per PD# 8801	
5	Reassess patient and list possible complications associated with the procedure. Verbalize transport mode and continuous reassessment of patient airway and respiratory status.	

Comments:



Infrequently Used Skills Checklist Transcutaneous Cardiac Pacing (TCP)

Paramedics Name:	Date:
Provider Agency:	Evaluator(s):

Objective: Describe the indications for transcutaneous cardiac pacing and demonstrate the ability to proficiently perform the procedure.

Equipment: Utilize equipment as outlined in PD# 8810. A cardiac monitor with pacing capabilities and cardiac rhythm simulator.

Performance Criteria: The paramedic will be required to adequately describe the indications for transcutaneous cardiac pacing and proficiently perform the procedure. A check denotes satisfactory performance. Documentation for any item not receiving a check in the rating column will be provided in the comments section.

STEP	DESCRIPTION	Completed
1	States indications for TCP: <ul style="list-style-type: none"> Symptomatic bradycardia in adults with heart rate < 50 bpm Systolic B/P < 90 mmHg Decreased sensorium Diaphoresis Chest pain Capillary refill > 2 seconds Cool extremities Cyanosis 	
2	States or demonstrates the use of appropriate PPE	
3	Properly prepares and checks equipment and explains the procedure to patient and/or family	
4	Verbalizes consideration of sedation-Midazolam as outlined in PD# 8024 & PD# 9014-Cardiac Dysrhythmias	
5	Obtain 12-Lead EKG if possible along with baseline vitals	
7	Assembles equipment as specified in PD# 8810	
8	Follows the procedure steps as outlined in PD# 8810	
9	Describes confirmation of pacing capture. (Recognizes electrical capture on the EKG by assessing for pacer spikes followed by ventricular contraction, and recognizes mechanical capture by assessing for pulses, increased BP, improved skin signs and/ or improved level of consciousness)	
10	Once pacing is initiated (mechanical capture), properly adjusts rate based on patients clinical response	
11	Monitors/reevaluates patient and anticipate further therapy	

Comments:
