RETEST: ATTACH RETEST CARD HERE.

ALS PROVIDER

Central Shenandoah Emergency Medical Services Council

PRACTICAL EXAMINATION

OFFICE USE ONLY
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Provider: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____ Total Time: _____

	NOTE: *Award all possible points for assessments and/or procedures listed below that are not indicated based on the presented scenario or the evaluated provider's certification level.*	**Points Possible**	**Points Awarded**
1	Takes or verbalizes standard **isolation precautions**.	**1**	
2	Performs **scene size-up** (safety, MOI, NOI, need for additional resources, etc.)	**1**	
	INITIAL ASSESSMENT		
3	Assesses **responsiveness**/level of consciousness	**1**	
4	Assesses **airway** and **breathing** (1 point each) ○ Assessment ○ Assures adequate ventilation ○ Initiates appropriate oxygen therapy	**3**	
5	Assesses **circulation** (1 point each) ○ Assesses pulse ○ Assesses skin (either skin color, temperature, or condition) ○ Assesses/controls major bleeding	**3**	
6	Identifies priority patients/makes transport decision	**1**	
	FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT		
7	**History of present illness** (1 point each) ○ **O**nset ○ **P**rovocation ○ **Q**uality ○ **R**adiation ○ **S**everity ○ **T**ime	**6**	
8	**Past medical history** (1 point each) ○ **S**igns and symptoms ○ **A**llergies ○ **M**edications ○ **P**ast pertinent history ○ **L**ast oral intake ○ **E**vents leading to present illness	**6**	
9	**Focused physical examination** *(Assesses affected body part/system or, if indicated, completes rapid assessment)* ○ Cardiovascular ○ Pulmonary ○ Neurological ○ Integumentary ○ Reproductive ○ Musculoskeletal ○ GI/GU ○ Psychological/Social	**5**	
10	**Vital signs** (1 point each) ○ Pulse ○ Respiratory rate/quality ○ Blood pressure ○ Skin ○ AVPU	**5**	
11	**Diagnostic** procedures as indicated. *May include but not be limited to:* ○ ECG monitor ○ 12-lead acquisition ○ Pulse oximetry ○ Glucometry ○ Capnography	**2**	
12	Verbalizes/performs **treatment** plan for presented conditions other than dysrhythmias.	**4**	
	DYSRHYTHMIA MANAGEMENT		
13	As needed, initiates and directs CPR appropriately	**1**	
14	Correctly interprets presented rhythm(s)	**4**	
15	Appropriately manages presented rhythm(s)	**4**	
16	Reassesses patient following rhythm changes	**2**	
	ONGOING ASSESSMENT		
17	Repeats initial assessment	**1**	
18	Repeats vital signs	**1**	
19	Evaluates response to treatments	**1**	
20	Repeats focused assessment regarding patient complaint or injuries	**1**	
	TOTAL	**53**	

○ **CONTINUED ON REVERSE SIDE** ○

CRITICAL CRITERIA

NOTE: Not all of the following critical criteria will apply to each scenario. Evaluate only criteria that apply.

_____ Failure to initiate or call for transport of the patient within an appropriate time limit.
_____ Failure to order administration of appropriate oxygen at proper time
_____ Failure to assess/provide adequate ventilation.
_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock.
_____ Does other detailed or focused history or physical examination before assessing and treating threats to ABCs.
_____ Orders administration of an inappropriate drug or lethal dosage.
_____ Orders a dangerous or inappropriate intervention.
_____ Failure to provide for spinal protection when indicated
_____ Failure to demonstrate an appropriate defibrillation or electrical cardioversion sequence.
_____ Failure to verify rhythm before delivering each shock
_____ Failure to ensure the safety of self and others (verbalizes “All clear” and observes)
_____ Inability to deliver DC shock (does not use machine properly)
_____ Failure to order initiation or resumption of CPR when appropriate
_____ Failure to diagnose and/or treat dysrhythmias correctly.

You must document your rationale for checking any of the above critical items in the box below.

□ Satisfactory □ Unsatisfactory
Check one. If unsatisfactory, thoroughly document reasons below.

I have reviewed my performance on this scenario and been advised whether my performance was satisfactory or unsatisfactory. I have reviewed this form. I have been provided with the CSEMS Council Skills Drill Complaint/Grievance Procedure card.

Provider Signature: _____ Date: _____