

24/7 Staffing Solutions

EMT Skills Checklist

Emergency Medical Technician

Name: _____

Date: _____

Instructions:

For each of the following items, place an "X" in the appropriate box that best describes your level of experience.

- 1 = No Experience (never performed the task or skill)
- 2 = Limited Experience (performed the task or skill infrequently; needs practice)
- 3 = May Need Resource (performed the task or skill several times)
- 4 = Competent (performed the task or skill frequently; able to function well independently)

This form is to be completed at the time of hire and annually thereafter.

CARDIAC

	1	2	3	4
Perform / Document Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place NIBP Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troubleshoot NIBP Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place Cardiac Monitor / Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troubleshoot Monitor / Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform 12-lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Arrest / Resusc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic External Defib (AED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assist Care of Patient With:

Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypovolemic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiogenic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylactic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGY

Glasgow Coma Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Lumbar Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assist Care of Patient with

	1	2	3	4
Open / Closed Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased ICP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halo Traction / Cervical Tongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNS Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY

Administer O2 (NC, Mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilate with Ambu-bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist Care of Intubated Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist Needle Thoracostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Emergency Trach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Emergency Cric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assist Care of Patient With:

Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tubes / Pleurevac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFUSION THERAPY

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EMT Skills Checklist

Emergency Medical Technician

Name: _____

Date: _____

Seizure Precautions

Aneurysm Precautions

Discontinue Perip. IV / Heplock

Venipuncture

Assist with Insertion and Setup

1 2 3 4

Cutdown

Arterial Lines

Central Venous Catheter

Pericardiocentesis

Intraosseous Infusions

Autotransfuser

EAR-NOSE-THROAT (ENT)

Eye Irrigations

Ear Irrigations

Visual Acuity

Remove Contact Lens

Epistaxis

GASTROINTESTINAL

Assist Care of Patient with:

NG Tube

EWAL Tube / Gastric Lavage

Drug Overdose / DTs

Gastrostomy / Jejunostomy Tube

GI Bleed

Acute Pancreatitis

Abdominal Aortic Aneurysm

Administer injections to neonate

GENITO-URINARY

Insertion of Male Catheter

Insertion of Female Catheter

Setup / Assist w/ Vaginal Exams

Assist w/ Sexual Assault Exams

Evidence Collection / Documentation

Assist Care of Patient With:

Precipitous Delivery

Spontaneous AB

INTEGUMENTARY

1 2 3 4

Wound Cleaning & Dressings

Setup / Assist Wound Irrigation

Suture Setup & Assist

Venomous Bites

TRAUMA CARE

Documentation

Primary / Secondary Survey

Trauma Score

Pediatric Trauma Score

Principles of Fluid Resuscitation

Principles of C-Spine Immobilty

Use of Philadelphia Collar

Use of Backboard

Use of Rapid / Pressure Infuser

Assist Care of Patient with:

Gunshot Wound

Stab Wound

Blunt Chest Trauma

Blunt Abdominal Trauma

MAST Suit

Hypothermia

Frostbite

Burns

Assist with:

Diagnostic Peritoneal Lavage

Chest Tube Insertion

Thoracotomy

MUSCULOSKELETAL

Immobilization & Splinting

Ice Bag Application

Fit / Instruct Crutch Walking

24/7 Staffing Solutions EMT Skills Checklist Emergency Medical Technician

Name: _____

Date: _____

Care of Newborn

Assist w/ Cast Application

Cast Removal

Assist w/ External Fixation Pins

Application and Assistance

1 2 3 4

Ace Wraps

Posterior Splint

Clavicle Strap

Shoulder Immobilizer

Knee Immobilizer

RENAL

Assist Care of Patient With:

Acute Renal Failure

Chronic Renal Failure

Hemodialysis

Peritoneal Dialysis

Renal Transplant

PEDIATRICS

Principles of Growth & Development

Vital Signs / Normal Values for Age

Care of Febrile Patient

Legal Principles re: Child Abuse

OTHER

Isolation Techniques

Advance Directives

Postmortem Care

Emergency Pre-operative Prep

continued:

1 2 3 4

Triage Procedure

Aware of COBRA Legislation

Aware of Consent Procedures

Crisis Intervention

Assist Care of Patient With:

Psychiatric Issues

Oncology

Chemotherapy

AIDS

Ketoacidosis

Bone Marrow Transplant

Liver Transplant

AGE

Newborn (birth-30 days)

Infant (30 days - 1 year)

Toddler (1 - 3 years)

Preschooler (3 - 5 years)

School Age (5 - 12 years)

Adolescents (12 - 18 years)

Young Adults (18 - 39 years)

Middle Adults (39 - 64 years)

Older Adults (64+ years)

The information I have provided above is true and accurate to the best of my knowledge. In addition, I authorize 24/7 Staffing Solutions to release this checklist to client facilities where I may be employed.

Signature

Date

Reviewed by:

Signature

Title

Date