



EMT Skill Sheet

Skill #6 - Immobilization Joint-Long Bone with Neurovascular Assessment

Student Name: _____

Pass date - _____

Evaluator Name _____ Signature: _____

(Sign if Student Passes Skill)

Date

Dispatched:	Patient Contact:	Transport:	End of Call:	Date
Information on this skill can be found in the Text Book and on the class D2L website				Comments
SCENE SIZE-UP – Starts prior to Patient contact but continues throughout the call				
Takes, or verbalizes, body substance isolation precautions of Gloves and Eye Protection (Critical Fail!)				
Verbalizes Scene Size-up (Information from Dispatch and EMRs) – Safety (Critical Fail!), Mechanism of Injury (MOI) – C-spine needed, Nature of Illness (NOI), Additional Resources, # of Patients				
PRIMARY ASSESSMENT (Primary Survey/Initial Assessment) - Done On Scene				
General Impression of the scene, patient & gathers information from EMRs or bystanders. Must observe:				
<ul style="list-style-type: none"> ✓ Unusual Environmental Factors (Hazards, Odors/Temperature, Lighting, Entrances/Exits, People) ✓ Patient’s approximate Age, Sex, and Mental Status/ LOC (Level of Consciousness) ✓ Patient’s Positioning, Level of Distress (Breathing/Pain), and any Gross Injuries seen ✓ Looking for Arterial Bleeding and <i>≈If necessary</i> - applying bleeding control as soon as possible 				
Considers C-spine (Spinal Motion Restriction) for the Patient (Critical Fail!) – When in doubt – C-spine EMT should evaluate the scene for MOI (Mechanism of Injury). Does patient meet any of the following;				
<ul style="list-style-type: none"> ✓ Significant MOI (MVC at high speed, Falls>20 feet) with Neck/Back Pain or Neurological deficit ✓ Unresponsive/AMS (Altered Mental Status or Drugs/ETOH) patients with unknown history of event ✓ Water related accidents, head/neck injuries, hangings ✓ If Yes to the above - Tell patient not to move and directs an EMT to hold manual stabilization (Skill #4) 				
Evaluator states Patient has and injured extremity without significant MOI				
Identifies self by Name, Level of Medical training, Agency and gets Patient’s Consent (Expressed/Implied)				
Asks Patient – Name, Age and Chief Complaint				
<ul style="list-style-type: none"> • Determines patient’s condition & considers calling for ALS if necessary 				
Continues to assess the need for C-spine –				
<ul style="list-style-type: none"> ✓ Ask patient/witnesses if they have had any trauma (falls, assaults, MVC, head injury) If Yes – ask patient if they have head/neck/back pain and/or weakness/numbness to their extremities? Hold manual stabilization on Trauma patients that have neck/back pain or neurological deficits				
Determines responsiveness of Patient by AVPU - May visualize for signs of Breathing at this time				
<ul style="list-style-type: none"> ✓ Awake - If patient is Alert must ask Person, Place, Time and Event orientation questions ✓ Responses to Verbal – check to see if patient can follow commands or answer questions ✓ Physical then Pain - check to see if patient can follow commands, open eyes or answer questions ✓ Unresponsive – NO response to Painful stimulus (Do no harm – neck/ear pinch, push bone above eye) 				
<i>≈If necessary</i> - If patient is Unresponsive to Pain start with Circulation not Airway (2010 ECC BLS)				
Airway - Assesses and Fixes (Critical Fail!)				
<ul style="list-style-type: none"> ✓ Listen for noise – snoring, stridor, gurgling, wheeze ✓ Smell for odors – ETOH (alcohol), emesis, ketones, unusual odors (must be within 3 feet of Head) ✓ Ask if patient if they are nauseated or had emesis if awake Considers if Airway is Good (Adequate) or Bad (Inadequate)				
<ul style="list-style-type: none"> ➤ Signs/Symptoms (s/s) that Airway is Patent/Adequate – Patient is awake and maintaining their own airway, no abnormal noises heard (stridor, snoring, gurgling), Patient can speak clearly, No oral trauma or obstructions (blood, vomit, fluid, swelling) are noted ➤ Signs/Symptoms that Airway is Inadequate – Diminished level of responsiveness, Abnormal noises heard (stridor, snoring, gurgling), Drooling, Difficulty talking or speaking clearly, Actively vomiting If Airway is Inadequate or Patient with Altered Mental Status (AMS) - Open mouth and look for Obstruction – broken teeth, dentures, edema, emesis, blood (use light pen)				
<i>≈If necessary</i> – Fixes Airway (Skill #2)				
<ul style="list-style-type: none"> • Suctions patient as needed • Open and maintain airway with Head-Tilt Chin-Lift/Jaw-Thrust if patient is not maintaining Airway due to decreased mental status Considers Airway Adjunct for all Patient’s with AMS - OPA or NPA				

<p>Breathing - Assesses and Fixes (Critical Fail!) – This may be done in Mental status assessment Considers if Breathing is Good (Adequate) or Bad (Inadequate)</p> <ul style="list-style-type: none"> ✓ Looks for bilateral chest rise/listens for noisy breathing (Feels for chest rise in AMS patients) <ul style="list-style-type: none"> ➤ Breathing is Adequate – Equal rise and fall of chest bilaterally, Non-labored, Patient is Awake with good mental status, no abnormal noise heard, breathing is full, appears to be a good rate (12-20), Pink dry skin, patient can speak in full sentences ➤ Breathing is Inadequate – Labored breathing, Abnormal noises (stridor, wheezes, coughing, or noisy breathing), Bad rate (<12 or > 20), Shallow breathing, Patient is tripodding, using accessory muscles, Pale/cyanotic skin, unable to speak full sentences, (Nasal flaring, Grunting, Retractions, or Seesaw breathing - Kids) – patients with Decreased mental status should be carefully assessed ✓ If Breathing is labored - Describes level of Dyspnea as Mild, Moderate or Severe (get SpO2) 		
<p>Considers Ventilation and Oxygen for the Patient – (Critical Fail!) (Skill #1) ≈If patient has - Adequate Breathing & No life threatening Complaint &/or signs of Hypoxia/Shock</p> <ul style="list-style-type: none"> ✓ Oxygen therapy may not be required ≈If patient has - Adequate Breathing but life threatening signs of Hypoxia or Shock <p>Directs an EMT to provide O2 therapy and place SpO2 on patient (keep SpO2 greater or equal to 94%)</p> <ul style="list-style-type: none"> ✓ NC 1-6 LPM – Little Sick without Life Threatening Complaints or only mild Respiratory distress ✓ NRM 15 LPM – Big Sick, Hypoxic, AMS, CO poisoning, Shock, or Respiratory distress (>Mild) ✓ Considers CPAP for moderate to severe Respiratory distress. Considers contraindications of CPAP <p>≈If patient has - Signs of Inadequate Breathing (Slow, Shallow, Unequal/Inadequate chest rise)</p> <ul style="list-style-type: none"> ✓ Directs 2 EMT/EMRs to provide positive pressure ventilation with BVM (Oxygen at 15 LPM) 		
<p>Circulation - Assesses and Fixes (Critical Fail!)</p> <ul style="list-style-type: none"> ✓ Pulse (Considers the Strength, Speed-fast/slow, and Regularity) assess for up to 10 seconds ✓ Checks Skin signs (Moisture/Color/Temperature) and Cap Refill ✓ Signs or symptoms of Shock must be treated in Primary Assessment (Skill #5) 		
<p>Deformities - Assesses and Fixes this assessment should take no more than 30 - 60 seconds Anterior Rapid Scan in all Patients;</p> <ul style="list-style-type: none"> ✓ Head - Palpate head for deformities, Visualize ears, nose & open mouth for trauma or bleeding or ecchymosis, checks facial symmetry ✓ Neck – Visualize for JVD, swelling or bleeding. Palpate the midline neck if not already done ✓ Chest – Visualize equal rise & fall of chest. Expose chest and then Visualize then Palpate anterior Sternal and Lateral by Palpation <ul style="list-style-type: none"> • Cover penetrating thoracic injuries with gloved hand until an occlusive dressing applied • EMT may consider checking Lung Sounds (Bases & Apexes) for Critical patients/Chest trauma ✓ Abdomen – Expose and Palpate for guarding, tenderness, distention or rigidity in 4 quadrants ✓ Pelvis – Visualize for incontinence of urine/feces (for significant Trauma Patients the EMT must palpate pelvis laterally and anteriorly/posterior) ✓ Extremities – Visualize/Palpate for arterial bleeding and gross injuries. Check CMS* in Arms/Legs <p>*CMS – Circulation, Motor & Sensory function (Neurovascular function or PMS - Pulse/Motor/Sensory)</p> <p>Posterior Rapid Scan for Non-Supine Patients with decreased LOC;</p> <ul style="list-style-type: none"> ✓ Expose and then Visualize/Palpate – Midline Back, Scapulae, Kidneys <p>Posterior Rapid Scan for Supine Patients with decreased LOC;</p> <ul style="list-style-type: none"> ✓ Rub hands posteriorly on bilateral sides of Patient to check for Arterial Bleeding <p>≈If necessary - Provides bleeding control or occlusive dressing (Critical Fail!)</p> <ul style="list-style-type: none"> ➤ Some EMTs may just do a quick Visual Scan without Palpation on Awake Medical/Trauma Patients 		
<p>Expose and Examine - To the appropriate level (Age, Mental status, Injury, Environment) Head and Chest should be exposed in Critical Patients (Head Coverings/Shirt)</p>		
<p>Consider and verbalizes to EMT partner(s) the following – Patient Priority (Life Threats) –</p> <ol style="list-style-type: none"> 1. Appears – Stable (Little Sick); <ul style="list-style-type: none"> ➤ Mental Status & ABCDs normal and no life threatening complaint(s) 2. Appears - Potentially Unstable (possible Big Sick); <ul style="list-style-type: none"> ➤ Mental Status and ABCD good but has life threatening complaint(s) 3. Appears – Unstable (Big Sick); <ul style="list-style-type: none"> ➤ Any abnormal Mental Status or abnormal ABCDs and/or has life threatening complaint(s) <ul style="list-style-type: none"> ✓ Inform team of Transport Decision. Stay & Play or Load & Go <10 min on scene for Critical patients ✓ Calls for ALS or any other additional resources that may be needed • Assign Tasks to Team Members (sometimes done in Scene Size up) <ul style="list-style-type: none"> • EMT #1 – Applies Splint • EMT #2 – Assist in splinting • If other EMTs are available complete – Vital Signs, History, Demographics and Physical Exam 		

Note: The Evaluator informs the student that the secondary assessment is being done by another EMTs and to stabilize the injury with a splint		
Directs application of manual stabilization of the extremity above and below the injury ➤ If the EMT does not have a partner this can be verbalized		
Assesses Pain level for Patient (1-10) – considers ALS and/or Ice for Pain management		
Assesses CMS* or motor, sensory and circulatory function in the injured extremity (Critical Fail!) ✓ Compare CMS to uninjured extremity (bilaterally) Leg Injuries – must mark pedal pulses with pen ➤ Must be done prior to moving the extremity! (Critical Fail!) ➤ If pulse is absent or skin is cold/cyanotic or patients has no feeling in limb rapid transport is required		
Expose and examine entire extremity (visualize and palpate) both Proximal as well as Distal to the injury ✓ Remove clothing, watches and jewelry on the injured extremity so not to inhibit circulation		
Splints in position found or position of function (No air splints on open fractures with exposed bones): ✓ Angulated long bone fractures should be gently returned to normal anatomical position unless significant pain or resistance is experienced • If patient has an open fracture with exposed bone (or Dislocation) it is a contraindication for manipulating the limb if it will result in exposed bone ends to reenter skin – Splint in position found ✓ If extremity is repositioned student must reassess CMS function in the injured extremity		
≈ <i>If necessary</i> - Applies a dressing to any open wounds with a dry sterile dressing • Open Fractures with bones ends exposed should be covered with a moist sterile dressing on bone		
Measures, modifies and appropriately pads the splint prior to applying to the patient ➤ The area of injury should be accessible (visible) for reassessment and Ice treatments		
Splint must stabilize the joint above (proximal) to the injury (Critical Fail!)		
Splint must stabilize the joint below (distal) to the injury (Critical Fail!)		
Secures the entire injury with the splint without unnecessary movement (Critical Fail!)		
Use of Ice for pain control (Ice should not be in direct contact with skin) – gets Pain Level from Patient		
Assesses CMS * or distal motor, sensory & circulatory function in the injured extremity when complete (Critical Fail!) - Distal motor, sensory and circulatory function should be reassessed every 5-15 minutes		
Contacts Medical Control and/or documents Standing Orders/Protocols followed		
More than 4 missed points results in Failure	Total Missed Points	
✓ Actions performed and/or verbalized by student when doing skill		
➤ Additional information on the procedure		
• Key Points that student should know but do not need to verbalized/do unless asked		
• CMS – Circulation, Motor and Sensory Function (also called Neurovascular Function and PMS – Pulse/Motor/Sensory)		

Evaluator Comments:

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