

Eastern PA EMS Council
Quality Assurance and Improvement Committee
BLS Patient Assisted Skills Worksheet

Author Name _____

PCR # _____

EMT Assisted Metered Dose Inhaler – 421

Clinical Indication: Patient with shortness of breath from bronchoconstriction with available bronchodilator inhaler.

YES	NO	Documentation of appropriate indication for use
YES	NO	Documentation of appropriate medication <ul style="list-style-type: none"> • Must be prescribed to the patient AND dose to be used must be identified
YES	NO	Document appropriate contact with medical command <ul style="list-style-type: none"> • May assist with medication ONE TIME prior to contacting medical command
YES	NO	Benchmark on scene time < 15 minutes if ALS not on scene

EMT Assisted Nitroglycerine - 501

Clinical Indication: Chest pain of possible cardiac origin and patient has current prescription nitroglycerine available for assisted administration.

YES	NO	Documentation of suspected cardiac origin of chest pain
YES	NO	Documentation of active chest pain or discomfort
YES	NO	Documentation of initial SBP > 100
YES	NO	Documentation of Vital signs before and after nitroglycerine
YES	NO	Documentation of appropriate contact with medical command <ul style="list-style-type: none"> • An EMT may assist with nitroglycerine ONE TIME prior to contacting medical command. • May repeat one dose one time 5 minutes after initial dose if unable to contact medical command and SBP > 100
YES	NO	Documentation of appropriate medication <ul style="list-style-type: none"> • Must be prescribed for the patient • Prescribed dose must be identified and administered by EMT
YES	NO	Benchmark of on scene time < 15 minutes if ALS not on scene

EMT Administered/Assisted Epi-Pen - 411

Clinical Indication: Patient with signs/symptoms of severe or moderate allergic reaction after suspected exposure to an allergen.

Severe: Difficulty breathing and wheezing, swollen tongue and lips or difficulty swallowing, hypotension

Moderate: Mild shortness of breath with wheezing, extensive hives and itching, mild tongue/lip swelling without difficulty swallowing or shortness of breath

Mild: Local swelling or itching isolated to extremity or area around bite site

YES	NO	Document appropriate need of epinephrine auto-injector
YES	NO	Document communication with medical command <ul style="list-style-type: none"> • May administer epinephrine prior to contacting medical command in severe reactions • Must contact medical command prior to medication administration in moderate or mild reactions
YES	NO	Document appropriate dose of Epinephrine auto-injector
YES	NO	Document reassessment of patient and repeat vital signs
YES	NO	Document any adverse reactions to injection
YES	NO	On scene time of < 10 minutes

NOTES

Eastern PA EMS Council
Quality Assurance and Improvement Committee
Airway Management/Sedation-Assisted Intubation Worksheet

Author Name _____

PCR # _____

Airway Management - 4001

Clinical Indication: Any patient that requires airway management to assure adequate ventilation or a patent airway.

YES	NO	Documentation of indication for invasive airway
YES	NO	Appropriate documentation of number of attempts
YES	NO	Document pulse-oximetry during intubation attempts
YES	NO	Document heart rate during intubation attempts
YES	NO	Document waveform ETCO2 during intubation attempts
YES	NO	Appropriate documentation of tube confirmation <ul style="list-style-type: none"> • Confirmation of bilateral breath sounds <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Confirmation of no gastric sounds <p style="text-align: center;"><u>AND one of the following</u></p> <ul style="list-style-type: none"> • Verification using colorimetric ETCO2 and/or esophageal detector device • Verification using electronic ETCO2 waveform device

Sedation-Assisted Intubation - 4002

Clinical Indication: May be appropriate for patients with compromised respiratory effort and partially intact protective airway reflexes.

YES	NO	Documentation of appropriate indication for intubation
YES	NO	Documentation of contact with Medical Command Physician
YES	NO	Documentation of complications of intubation attempts (Hypoxia, bradycardia, hypotension, esophageal intubation)
YES	NO	Documentation of number of attempts and/or alternative airway placement
YES	NO	Provide recording strip of continuous trend of heart rate and pulse oximetry before, during and after each intubation attempt
YES	NO	Document number of intubation attempts or and/or rescue airway attempts
YES	NO	Document confirmation of tube placement by both auscultation and continuous wave-form ETCO2
YES	NO	Document additional sedation orders (post-intubation) ordered by medical command

Notes

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
Adult Resuscitation Worksheet**

Author Name _____

PCR # _____

Ventricular Fibrillation/Pulseless VTach Adult – 3041A

Clinical Indication: Adult patient with ventricular fibrillation or pulseless ventricular tachycardia

YES	NO	Documentation of ECG
YES	NO	Immediate delivery of 360 J (or Biphasic equivalent) shock if arrest witnessed by EMS or shock after 2 minutes of CPR if unwitnessed
YES	NO	Document initiation of CPR
YES	NO	Document IV/IO Access
YES	NO	Document Epinephrine 1mg (1:10,000) IV/IO every 3-5 minutes
YES	NO	Document Airway management
YES	NO	Document continued monitoring of ETCO2
YES	NO	Document Countershock with 360 Joules every 2 minutes
YES	NO	Document additional medications Amiodarone 300 mg IV/IO Magnesium Sulfate 2 grams IV/IO– if torsades Lidocaine 1.5 mg/kg IV/IO Calcium Chloride 10 mL of 10% solution IV/IO– if suspected dialysis Sodium bicarbonate 1 mEq/kg IV/IO – if suspected dialysis
YES	NO	Document contact with Medical Command

Asystole/PEA – Adult – 3042A

Clinical Indication: Adult cardiac arrest patient presenting with asystole or organized electrical rhythm without discernable pulses

YES	NO	Documentation of ECG showing asystole or PEA
YES	NO	Document prompt initiation of CPR
YES	NO	Document initiation of IV/IO
YES	NO	Document administration of Epinephrine every 3-5 minutes
YES	NO	Document administration of Atropine every 3-5 min (max 3mg) in appropriate cases: Asystole PEA with rate less than 60
YES	NO	Document appropriate airway management
YES	NO	Document continued monitoring of ETCO2
YES	NO	Document other Treatments/medications Tension Pneumothorax – Needle Decompression Hypovolemia – NSS 2 liter bolus wide open Confirmation of appropriate ETT placement Suspected overdose – Naloxone 2 mg IV/IO Dialysis patient - Calcium Chloride 10% 10 mL IV/IO Check blood glucose – administer Dextrose 50% 50 mL IV/IO Dialysis patient – Sodium Bicarbonate 1 mEq/kg IV/IO
YES	NO	Document repeated assessment every 2 minutes
YES	NO	Document contact with Medical Command

Airway Management - 4001

Clinical Indication: Any patient that requires airway management to assure adequate ventilation or a patent airway.

YES	NO	Documentation of indication for invasive airway
YES	NO	Appropriate documentation of number of attempts
YES	NO	Document pulse-oximetry during intubation attempts
YES	NO	Document heart rate during intubation attempts
YES	NO	Document waveform ETCO2 during intubation attempts
YES	NO	Appropriate documentation of tube confirmation <ul style="list-style-type: none"> • Confirmation of bilateral breath sounds AND • Confirmation of no gastric sounds AND one of the following • Verification using colorimetric ETCO2 and/or esophageal detector device • Verification using electronic ETCO2 waveform device

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
Adult Resuscitation Worksheet**

Author Name _____

PCR # _____

Bradycardia – Adult – 5021A

Indication: Adult patient with heart rate less than 60 bpm and associated symptoms

YES	NO	Documentation of administration of Oxygen
YES	NO	Documentation of initiation of IV/IO
YES	NO	Documentation of ECG and 12 lead if available
YES	NO	Documentation of immediate pacing if severe hypotension or impending arrest
YES	NO	Document placement of pacer pads if second or third-degree block and stable
YES	NO	Document Atropine 0.5 mg/kg IV/IO if signs of poor perfusion
YES	NO	AND/OR Documentation initiation of pacing
YES	NO	Document contact with medical command
YES	NO	Document any sedation utilized if applicable
YES	NO	Document medical command orders for dopamine or epinephrine drip and patient's response to treatment

Termination of Resuscitation - 3091

Clinical Indication: Any cardiac arrest patient that has received resuscitation in the field but has not responded to treatment, AND a medical command physician has ordered termination of resuscitation efforts.

YES	NO	Documentation of resuscitation effort
YES	NO	Documentation of no response to resuscitation efforts
YES	NO	Documentation of appropriate patient: No femoral pulse and/or carotid pulse No respiratory efforts Asystole or PEA < 60 beats/min
YES	NO	Documentation of contact with medical command
YES	NO	Documentation of time of death
YES	NO	Documentation of notification of coroner

NOTES

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
Pediatric Resuscitation Worksheet**

Author Name _____

PCR # _____

Ventricular Fibrillation/Pulseless VTach Pediatric – 3041P

Clinical Indication: Pediatric patient with ventricular fibrillation or pulseless ventricular tachycardia

YES	NO	Documentation of ECG
YES	NO	Immediate delivery of shock 4 Joules/kg (or Biphasic equivalent) shock if arrest witnessed by EMS or shock after 2 minutes of CPR if unwitnessed
YES	NO	Document initiation of CPR
YES	NO	Document IV/IO Access
YES	NO	Document Epinephrine 0.01 mg/kg IV/IO every 3-5 minutes
YES	NO	Document Airway management
YES	NO	Document continued monitoring of ETCO ₂
YES	NO	Document Countershock with 360 Joules every 2 minutes
YES	NO	Document additional medications Amiodarone 5 mg/kg IV/IO Magnesium Sulfate 25-50 mg/kg IV/IO – if torsades Lidocaine 1 mg/kg IV/IO Dextrose 25% 2 mL/kg IV/IO – if blood glucose < 60
YES	NO	Document contact with Medical Command

Asystole/PEA – Pediatric – 3042P

Clinical Indication: Pediatric cardiac arrest patient presenting with asystole or organized electrical rhythm without discernable pulses

YES	NO	Documentation of ECG showing asystole or PEA
YES	NO	Document prompt initiation of CPR
YES	NO	Document initiation of IV/IO
YES	NO	Document administration of Epinephrine 0.01 mg/kg IV/IO every 3-5 minutes
YES	NO	Document appropriate airway management
YES	NO	Document continued monitoring of ETCO ₂
YES	NO	Document other Treatments/medications Tension Pneumothorax – Needle Decompression Confirmation of appropriate ETT placement Dialysis Patient – Calcium Chloride 10% 0.2 mL/kg IV/IO Dialysis Patient - Sodium Bicarbonate 1-2 mEq/kg IV/IO Hypovolemia – NSS 40 mL/kg bolus wide open Suspected overdose – Naloxone 2 mg IV/IO Check blood glucose – administer Dextrose 25% 2 mL/kg IV/IO
YES	NO	Document repeated assessment every 2 minutes
YES	NO	Document contact with Medical Command

Bradycardia – Pediatric – 5021P

Indications: Pediatric patient with heart rate < 60.

YES	NO	Document application of Oxygen
YES	NO	Document Airway intervention/Ventilation if needed
YES	NO	Document ECG and Pulse Oximetry
YES	NO	Document initiation of CPR if HR < 60 despite oxygenation/ventilation
YES	NO	Document initiation of IV/IO NSS
YES	NO	Document Blood Glucose
YES	NO	Document Epinephrine 0.01 mg/kg IV/IO
YES	NO	Document administration of Atropine 0.02 mg/kg IV/IO AND/OR pacing if suspected increased vagal tone or if primary AV block
YES	NO	Document contact with Medical Command

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
Neonatal Resuscitation Worksheet**

Author Name _____

PCR # _____

Neonatal/Newborn Resuscitation - 3033

Indication: Newborn infant

YES	NO	Documentation of initial Heart Rate, Respiratory rate and Color
YES	NO	Heart Rate > 100 but cyanotic: Document O2 applied
YES	NO	Heart Rate 60 – 100 or patient apneic: Positive Pressure Ventilation
YES	NO	Heart Rate < 60: CPR and Initiate Epinephrine 0.01 mg/kg IV or 0.1mg/kg via ETT
YES	NO	Consider Bolus of NSS 10mL/kg for HR < 60
YES	NO	Documentation of Contact with Medical Command
YES	NO	Document Term/Preterm, amniotic fluid clear or meconium-stained, patient breathing/crying and muscle tone

Airway Management - 4001

Clinical Indication: Any patient that requires airway management to assure adequate ventilation or a patent airway.

YES	NO	Documentation of indication for invasive airway
YES	NO	Appropriate documentation of number of attempts
YES	NO	Document pulse-oximetry during intubation attempts
YES	NO	Document heart rate during intubation attempts
YES	NO	Document waveform ETCO2 during intubation attempts
YES	NO	Appropriate documentation of tube confirmation <ul style="list-style-type: none"> • Confirmation of bilateral breath sounds <li style="padding-left: 20px;"><u>AND</u> • Confirmation of no gastric sounds <li style="padding-left: 20px;"><u>AND one of the following</u> • Verification using colorimetric ETCO2 and/or esophageal detector device • Verification using electronic ETCO2 waveform device

NOTES

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
Cardiopulmonary Worksheet**

Author Name _____

PCR # _____

Suspected Acute Coronary Syndrome - 5001

Clinical Indication: Adult patients with symptoms of possible cardiac ischemia.

YES	NO	Document administration of Oxygen
YES	NO	Document Pulse Oximetry
YES	NO	Document EKG (12 lead EKG if available)
YES	NO	Document administration of ASA or contraindication
YES	NO	Document administration of Nitroglycerine up to three doses if systolic pressure >100 or contraindication
YES	NO	Document narcotic analgesia use if no relief of CP after NTG x 3 and continued CP
YES	NO	Document contact with Medical Command

Congestive Heart Failure - 5002

Clinical Indication: Patients presenting with shortness of breath from pulmonary edema/CHF

YES	NO	Document administration of high-flow Oxygen
YES	NO	Document pulse oximetry
YES	NO	Document EKG (12 lead EKG if available)
YES	NO	Document use of CPAP if patient in severe distress and sat <90% (if available)
YES	NO	Document initiation of IV/IO access
YES	NO	Document Nitroglycerine 0.4 mg SL SBP > 100 mmHg 3 SL tablets or sprays for SBP > 180 2 SL tablets or sprays for SBP 140-180 1 SL tablet or spray for SBP 100-140
YES	NO	Document Furosemide administration (40-100mg) equal to patient's daily dose if patient is already taking Furosemide
YES	NO	Document contact with Medical Command

Asthma/ COPD/ Bronchospasm - 4022

Clinical Indication: A patient with signs and symptoms of acute respiratory distress from bronchospasm or restrictive airway disease

YES	NO	Document pulseOx
YES	NO	Document application of Oxygen
YES	NO	Document treatment with nebulized bronchodilator
YES	NO	Document initiation of IV/IO access
YES	NO	Document administration of Methylprednisolone
YES	NO	Document contact with Medical Command
YES	NO	Document use of CPAP if indicated

** Documentation of end-tidal CO2 is strongly recommended

Notes

**Eastern PA EMS Council
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Neurology Worksheet**

Author Name _____

PCR # _____

Stroke - 7006

Clinical Indication: Patients with signs or symptoms of stroke

YES	NO	Document exact time of symptom onset
YES	NO	Document Pulse Oximetry
YES	NO	Document EKG
YES	NO	Document application of Oxygen
YES	NO	Document assessment of Cincinnati Prehospital Stroke Scale Facial Droop Arm Drift Abnormal Speech (Also may include unilateral leg weakness and vision changes)
YES	NO	Document contact with Medical Command if symptoms are within 3 hours of onset
YES	NO	Document initiation of IV access
YES	NO	Document fingerstick blood glucose
YES	NO	Consider benchmark on scene time of ≤ 10 minutes

Seizure - 7007

Clinical Indication: Patients who are actively seizing with generalized tonic-clonic seizure and patients who have had tonic-clonic seizure activity prior to EMS arrival.

YES	NO	Document administration of Oxygen
YES	NO	Document EKG or inability to obtain
YES	NO	Document Pulse Oximetry or inability to obtain
YES	NO	Document initiation of IV/IO access if able to perform
YES	NO	Document blood glucose level if no prior history of seizures
YES	NO	Document use of appropriate benzodiazepine for continued seizure
YES	NO	Document use of Magnesium Sulfate for pregnant patient with suspected eclampsia
YES	NO	Document contact with Medical Command

NOTES

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
ALS Allergic Reaction Worksheet**

Author Name _____

PCR # _____

Allergic Reaction - 4011

Clinical Indication: Patient with signs/symptoms of severe or moderate allergic reaction after suspected exposure to an allergen.

Severe: Difficulty breathing and wheezing, swollen tongue and lips or difficulty swallowing, hypotension

Moderate: Mild shortness of breath with wheezing, extensive hives and itching, mild tongue/lip swelling without difficulty swallowing or shortness of breath

Mild: Local swelling or itching isolated to extremity or area around bite site

Severe Reactions

YES	NO	Document Epinephrine administration and dose
YES	NO	Document IV/IO access
YES	NO	Document initiation of fluid bolus for hypotension (systolic BP < 90)
YES	NO	Document Diphenhydramine dose and administration
YES	NO	Document contact with Medical Command
YES	NO	Document use of bronchodilator if warranted
YES	NO	Document administration of methylprednisolone

Moderate Reactions

YES	NO	Document IV access
YES	NO	Document Diphenhydramine dose and administration
YES	NO	Document contact with Medical Command
YES	NO	Document administration of methylprednisolone

Mild Reaction

YES	NO	Document frequent reevaluation
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NOTES

**Eastern PA EMS Council
Quality Assurance and Improvement Committee
OB Worksheet**

Author Name _____

PCR # _____

OB Delivery - 781

Clinical Indication: Pregnancy with signs of imminent delivery including crowning, mother with urge for bowel movement, frequent contractions < every 2 minutes, or worsening perineal discomfort.

YES	NO	Document imminent delivery on scene/en route
YES	NO	Document administration of Oxygen
YES	NO	Document repeated vital signs
YES	NO	Document time of birth
YES	NO	Document infant's APGAR scores at 1 and 5 minutes (with specific scores documented)
YES	NO	Document time of delivery of placenta
YES	NO	Document any complications

Neonatal/Newborn Resuscitation - 3033

Indication: Newborn infant

YES	NO	Documentation of initial Heart Rate, Respiratory rate and Color
YES	NO	Heart Rate > 100 but cyanotic: Document O2 applied
YES	NO	Heart Rate 60 – 100 or patient apneic: Positive Pressure Ventilation
YES	NO	Heart Rate < 60: CPR and Initiate Epinephrine 0.01 mg/kg IV or 0.1mg/kg via ETT
YES	NO	Consider Bolus of NSS 10mL/kg for HR < 60
YES	NO	Documentation of Contact with Medical Command
YES	NO	Document Term/Preterm, amniotic fluid clear or meconium-stained, patient breathing/crying and muscle tone

NOTES