

Appendix: B	PDN: 6012.02	Last Updated: May 1, 2009	Subject: Scenario Management Evaluation Form	Page 1 of 5
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## SCENARIO MANAGEMENT EVALUATION FORM

Paramedic Name:	Registration ID #:
Evaluator Name:	Registration ID #:

SCENE SURVEY	Observed	Omitted	N/A
• Scene is assessed for safety			
• Appropriate PPE is utilized (CR: 6136)			
COMMENTS:			
PRIMARY ASSESSMENT	Observed	Omitted	N/A
• Level of consciousness is assessed			
• C-Spine is controlled (CR: 6294, 6622, 6623)			
• Airway is assessed, opened, suctioned and adjunct inserted			
• Breathing is assessed, oxygen / BMV initiated			
• Appropriate CPR guidelines are initiated if pulseless (witnessed vs. non-witnessed) (CR: 6220)			
• Assessment for DCAP BLS TIC is demonstrated			
• Lung sounds are auscultated and adventitious sounds are identified			
COMMENTS:			
SECONDARY ASSESSMENT	Observed	Omitted	N/A
• Vital Signs are assessed for (Check all observed) HR <input type="checkbox"/> BP <input type="checkbox"/> RR <input type="checkbox"/> LOC <input type="checkbox"/> BGL <input type="checkbox"/> SPO2 <input type="checkbox"/> Pupils <input type="checkbox"/> Skin <input type="checkbox"/> GCS <input type="checkbox"/>			
• History of illness/injury are identified for:			
○ SAMPLE			
○ OPQRST			
• 4-Lead Electrocardiogram is conducted and interpreted (CR: 6612)			
• 12-Lead Electrocardiogram is conducted, interpreted and transmitted. (CR: 6647)			
• Supplemental documentation completed (research consent forms, reperfusion checklists, etc.)			
COMMENTS:			

**THERAPEUTICS****Observed****Omitted****N/A**

- Airway Patency is maintained
  - Magil Forceps (CR: 6605)
  - ETI (CR: 6606) (*see airway rubric*)
  - BMV
- Intravenous access is obtained (6616)
- Appropriate and accurate pharmacology is administered (CR: 6900 – 6981) (*see pharmacology rubric*)
- Electrical Therapy is conducted to the extent that:
  - Need for electrical therapy is identified in a timely manner
  - Safe operating procedure is demonstrated (CR: 6633, 6634)
  - Protocol is adhered to for:
    - Shock advised (CR: 6223)
    - No shock advised (CR: 6221, 6221)
    - Transcutaneous Pacing (CR: 6614)
    - Synchronized Cardioversion (CR: 6613)

**COMMENTS:****CALL MANAGEMENT****Observed****Omitted****N/A**

- Organization is demonstrated to the extent that:
  - Appropriate equipment is utilized
  - Patient assessment is structured
  - Need for ALS is identified (CR: 6142)
  - Treatment plan is formulated and shared with partner
  - Transport decisions are made in a timely manner (CR: 6142)
  - Appropriate transport destination is cited (CR: 6120)
  - Additional resources are used appropriately
  - Effective communication is demonstrated

**COMMENTS:**Successful Recommend for retest **Paramedic Signature:****Date:****Evaluator Signature:****Date:**

## Evaluation Rubric

	<b>Beginning</b>	<b>Developing</b>	<b>Accomplished</b>	<b>Exemplary</b>
<b>P.P. &amp; P. Compliance</b>	Unaware of EHSNS protocols; practices outside of scope; demonstrates protocol errors leading to adverse events; is not aware of EHSNS policies.	Aware of majority of EHSNS protocols; practices within scope; demonstrates errors of omission or errors of commission not detrimental to patient care; is not familiar with all of EHSNS policies.	Complies with all EHSNS protocols; practices within scope; familiar with EHSNS policies; aware of evidence based medicine principles.	Complies with all EHSNS policies and procedures; practices within scope; comprehensive understanding of evidence based medicine principles and protocol development; able to act as resource for other paramedics for protocol reference.
<b>Pharmacology</b>	Identifies the medications within scope of practice, unable to provide all indications and / or contraindications, inappropriate doses identified, unable to calculate doses, incorrect administration technique demonstrated.	Identifies the medication within scope of practice, identifies most indications &/or contraindications, some doses are unsure of, able to calculate simple doses, unable to calculate complex doses, does not review "5 rights" prior to medication administration, proper technique demonstrated.	Identifies the medication within scope of practice, identifies all indications and contraindications, able to calculate simple and complex doses, does review "5 rights" prior to medication administration, proper technique demonstrated.	Identifies the medication within scope of practice, identifies all indications, contraindications, precautions, side effects, and reversing agent, able to calculate simple and complex doses, does review "5 rights" prior to medication administration, proper technique demonstrated, demonstrates understanding of pharmacokinetics and pharmacodynamics of all medications within scope.
<b>Advanced Airway Management</b>	Does not recognizes need for advanced airway management; does not perform airway scenario analysis; inappropriate decision to manage airway; poor technique with ETI; inadequate and inappropriate preparation of patient and/or equipment; no process for difficult airway management demonstrated.	Recognizes need for airway management; inadequate airway scenario analysis; appropriate equipment selected; inappropriate ventilation rate / volume; inadequate preparation of patient; adequate technique for basic ETI; identifies difficult ETI; inadequate equipment prepared for difficult ETI; demonstrates some techniques for managing difficult airways; inadequate confirmation technique demonstrated.	Performs complete airway scenario analysis; selects and prepares all appropriate equipment; demonstrates competency with advanced airway management; provides appropriate tidal volume and minute volume; predicts difficult airway prior to attempting ETI; able to secure airway by using variety of techniques; utilizes multiple confirmation techniques.	Makes appropriate and timely decisions on airway management based on comprehensive airway scenario analysis; identifies predictors of difficult mask ventilation; prepares patient, prepares all equipment including preparing for difficult ETI, demonstrates appropriate technique, uses multiple confirmation methods, uses additional resources for appropriate assistance, secures ETT in timely manner; Predicts difficult airway prior to attempting ETI; uses appropriate technique to secure ETT on first attempt, withholds ETI and uses basic airway management techniques when appropriate.

## AIRWAY EVALUATION

Paramedic Name:	Registration ID #:
Evaluator Name:	Registration ID #:

<b>PREPARES EQUIPMENT</b>	<b>Observed</b>	<b>Omitted</b>	<b>N/A</b>
• Rigid tonsillar suction is within reach and turned on			
• ETT & ½ size smaller are prepared			
• Cuff is tested and fully deflated			
○ ETT is lubricated			
○ Stylet is inserted			
• Airway adjunct is inserted			
• Drugs are prepared and labeled			
• Oxygen and BVM are connected			
• Airway analysis is performed			
○ Clinical need is identified (obtain & maintain, protection, correction, prediction)			
○ Anatomical assessment is performed (MAP, BOOTS)			
○ Appropriate time considerations are made			
• IV is established			
• Monitor & SaO2 is connected			
• EtCO2 & EDD are available			
• Blade is selected and light checked			
• Alternate blade is available			
• Rescue airway is available			
• Bougie is available and within reach			
• Alternative airway is available (extraglottic, surg, etc)			
<b>PREPARES PATIENT</b>			
• Patient is placed in sniffing position			
• Patient is preoxygenated			
○ Non-rebreather mask			
○ BMV			
<b>DIRECT LARYNGOSCOPY</b>			
• Cross finger scissor method is used to open mouth			
• Arm is near straight at the elbow			
• Right hand is under occiput			
• Dentures are removed			
• Blade is inserted into right side of mouth			
• Bottom lip is cleared from blade			

<b>ETT PLACEMENT</b>	<b>Observed</b>	<b>Omitted</b>	<b>N/A</b>
• ETT is passed by assistant into right hand of intubator (eyes remain on cords)			
• ETT is inserted concavely into right side of patients mouth			
• ETT is rotated counter-clockwise as it approaches cords			
• ETT is inserted during inspiration			
• ETT is advanced to appropriate depth			
• Stylet is removed			
• Cuff is inflated with 5-10cc of air			
<b>ETT CONFIRMATION</b>	<b>Observed</b>	<b>Omitted</b>	<b>N/A</b>
• ETT is visualized passing through cords			
• Vapor or misting on ETT during exhalation is noted			
• Chest is observed for rise and fall			
• ETCO2 confirmation is used			
• Lung sounds are auscultated			
• EDD is used for blind intubations			
• SaO2 monitoring is applied			
<b>ETT IS SECURED</b>			

*Comments:*