

Emergency Medical Services – Advanced Emergency Medical Technician Competency Checklist

EMS Service: _____

EMS Service Member Name: _____

Current License in State of Nebraska: # _____
(Copy of license kept in file at station)

Date of joining EMS Service: _____

EMS Physician Medical Director: _____

Complete the following checklist for each licensed **ADVANCED EMERGENCY MEDICAL TECHNICIAN** on your service and keep a copy on file at the station. The Physician Medical Director (PMD) **must** sign off each person to be competent in the skills or recommend training to be completed before that person performs the skills.

A Paramedic, EMT-I, AEMT, LPN or RN while functioning as an employee or volunteer with a Basic Life Support Service, may perform only those practices and procedures as identified in 172 NAC 11-009.02 (EMT Practices and Procedures for Basic EMT)

Skills

| ADVANCED EMERGENCY MEDICAL TECHNICIAN – Skill | Competent | PMD Signature/ Date Signed | Needs Training | Training Received (Type of Training Completed/Date) | PMD Signature After Training Completed/Date Signed |
|--|-----------|-------------------------------|-------------------|---|--|
| Responds Safely to Scene | | | | | |
| Determines Scene Safety | | | | | |
| Determine Number of Patients | | | | | |
| Determines MOI (Mechanism of Injury/Illness) | | | | | |
| Determines Resources Needed to Manage the Emergency | | | | | |
| Extracts Patients from Entrapment | | | | | |
| Assists Other EMS Providers with EMS Care | | | | | |
| Communication Skills (Dispatch, EMS, etc.) | | | | | |
| Give Reports Verbally or in Writing to Higher Healthcare | | | | | |
| Complete Patient Care Report | | | | | |
| Transports Patient | | | | | |
| Assist With Normal Childbirth | | | | | |
| Assist With Complicated Child Birth | | | | | |
| Management of Environmental Emergencies | | | | | |
| Management of Diabetic Emergencies | | | | | |
| Management of Allergic Reactions With Medications | | | | | |
| Management of Behavioral Emergencies | | | | | |

| ADVANCED EMERGENCY MEDICAL TECHNICIAN – Skill | Competent | PMD Signature/ Date Signed | Needs Training | Training Received (Type of Training Completed/Date) | PMD Signature After Training Completed/Date Signed |
|---|------------------|---------------------------------------|---------------------------|--|---|
| Management of Respiratory Problems | | | | | |
| Management of Altered Mental Status | | | | | |
| Management of Suspected Poisonings | | | | | |
| Management of Altered Mental Status | | | | | |
| Utilize Home Glucose Monitoring Devices | | | | | |
| Manual Airway Maneuvers Including Sellicks Maneuver | | | | | |
| Place Oropharyngeal Airway | | | | | |
| Place Nasopharyngeal Airway | | | | | |
| Non-Visualized Advanced Airway Devices (Combitube and King LT) | | | | | |
| Oropharyngeal Suctioning | | | | | |
| Suctioning Through Special Ports or Lumens as Part of an Advanced Airway | | | | | |
| Manual Non-Visualized Foreign Body Airway Obstruction Removal | | | | | |
| Ventilating Patient with Bag Valve Mask | | | | | |
| Ventilating Patient with Flow Restricted O2 Powered Device | | | | | |
| Use of CPAP | | | | | |
| Use of Impedance Threshold Devices in Cardiac Arrest | | | | | |
| O2 With Non-Rebreather Mask or Nasal Cannula | | | | | |
| O2 With Venturi Mask | | | | | |
| Cannulation of Peripheral Veins (Start IV) | | | | | |
| Monitor Established IV of NS, LR and D5W | | | | | |
| Intraosseous Needle Placement | | | | | |
| Monitor an Established Intraosseous Access Site | | | | | |
| IO Administration Approved | | | | | |
| Bolus Intravenous and Intraosseous Administration of Approved Medications | | | | | |
| IV Administration of Approved Fluids by Non-Electronic Device | | | | | |
| IV Administration of Approved Fluids by Electronic Device | | | | | |
| Intramuscular Injections of Approved Medications | | | | | |
| Subcutaneous Injections of Approved Medications | | | | | |
| Oral Medication Administration of Approved Medications | | | | | |

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|--|------------------|-----------------------------------|-----------------------|--|---|
| Sublingual Administration of Approved Medications | | | | | |
| Aerosolized Medication Administration of Approved Medications | | | | | |
| Monitor an Established Orogastric and Nasogastric Tubes | | | | | |
| Monitor an Established Urinary Catheter | | | | | |
| Use of Patient Transport Devices | | | | | |
| Controlling Hemorrhaging | | | | | |
| Inspect and Palpate for Injuries | | | | | |
| Implements Shock Management Techniques | | | | | |
| Implements/Treatment Shock Management Techniques | | | | | |
| Bandaging Wounds | | | | | |
| Manually Stabilizing Musculoskeletal Injuries | | | | | |
| Use of Extremities Immobilization Devices | | | | | |
| Application of Cold to Swollen Facial and Extremity Injuries | | | | | |
| Application of Heat and Cold for Injuries and Environmental Emergencies | | | | | |
| Use of Spinal Immobilization Devices | | | | | |
| CPR Certified | | | | | |
| Use of Automatic/Semi-Automatic Defibrillators | | | | | |
| Use of Mechanical CPR Devices | | | | | |
| Management of Cardiac Emergencies | | | | | |
| Determine Level of Consciousness | | | | | |
| Use of Non-Invasive Scales And Scores (GCS, Revised Trauma Score, Cincinnati And LA Stroke Scales) | | | | | |
| Develop General Impression | | | | | |
| Airway Status | | | | | |
| Breathing Status – (Rate: Normal, Stridor, Wheezing, Gurgles, Effort) | | | | | |
| Breathing Status – (Rate: Normal, Stridor, Wheezes, Crackles, Silent, Positioning Retractions, Accessory Muscle Use, Chest Symmetry) | | | | | |
| Circulatory Status (Presence/Absence Pulse, Rate, Bleeding) | | | | | |
| Circulatory Status (Presence/Absence Pulse, Rate, Rhythm, Strength Bleeding) | | | | | |

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|--|------------------|---------------------------------------|---------------------------|--|---|
| Skin Status (Color, Temp, Moisture, Cap Refill) | | | | | |
| Gathers Patient Demographics and History | | | | | |
| Patient Assessment (Varies By Level) | | | | | |
| Auscultate Breath Sounds (Varies By Level) | | | | | |
| Manual Vital Signs – Assess and Monitor | | | | | |
| Automatic BP – Assess and Monitor | | | | | |
| Monitor Body Temperature | | | | | |
| Pulse Oximetry without Wave Form Interpretation | | | | | |
| Monitor Carbon Monoxide without Wave Form Interpretation | | | | | |
| Monitor Carbon Dioxide without Wave Form Interpretation | | | | | |
| Apply EKG Electrodes and Obtain EKG Tracing without Interpretation | | | | | |
| Assist a Patient with Patient's Medications (Ex. Nitro, Inhaler) | | | | | |
| Albuterol | | | | | |
| Aspirin | | | | | |
| Dextrose 50% | | | | | |
| Epinephrine Auto-Injectors | | | | | |
| Epinephrine | | | | | |
| Glucagon | | | | | |
| Isotonic Intravenous Solutions (0.9 %; Sodium Chloride; Lactated Ringers; Dextrose 5% in Water) | | | | | |
| Morphine | | | | | |
| Naloxone | | | | | |
| Nitroglycerin | | | | | |
| Oxygen | | | | | |
| Oral Glucose | | | | | |
| Self-Administration of Prophylactic Medications Following a Significant Exposure Under Direction of PMD Approved Protocol and Infection Control Plan | | | | | |
| Use of Auto Injector Antidote Kits to Treat Self and Other Responders and Patients in Mass Number When Higher Level OOHECP are Insufficient in Numbers | | | | | |