## EMERGENCY HEALTH SYSTEMS NEBRASKA Good Life. Great Mission.

## **BLS Psychomotor Examination**

## **Candidate Score Form**

SYSTEMS	Candidate: Evaluator:		
NEBRASKA Good Life. Great Mission.  DEPT: OF HEALTH AND HUMAN SERVICES	Date: Signature:		
Shout Times	Scenario #:	Points	Points
Start Time:	Landoushin and Casua Managament	Possible	Awarded
The area combined as	Leadership and Scene Management		T
tant.	essed and took actions to control the scene and encouraged feedback from assis-	3	
Assessed the sc	2		
Incompletely as	1		
Did not assess of	0		
	Patient Assessment		
•	organized assessment and utilized findings to expand further assessment while uational awareness	3	
	2	1	
	nary survey, secondary assessment, and reassessed based on patient condition no nation assessment	1	-
	te a primary survey or reassessment of the patient	0	-
Did flot compic	Patient Management		
Managed all ac	pects of the patient's condition, anticipated further needs, identified changes,		
	ent plan based on patient's condition, and coordinates treatment(s) with partner	3	
	nanaged the patient's condition timely, adapted treatment plan based on patient's		-
condition	idiaged the putients' condition timely, adapted treatment plan based on patients	2	
	ncomplete or disorganized management	1	-
	e life-threatening conditions	0	1
<u> </u>	Interpersonal Relations		.4.
Encouraged fee	dback, established patient relationship, and interacted in an organized manner	3	
-	responded appropriately with patient, team and/or bystanders	2	-
	iate communication techniques	1	-
	ntolerance for patient, team, and/or bystanders	0	-
	Integration (Field Impression and Transport Decision)		
Provided appro	priate management, offered a brief summary of diagnoses. Considered alternate		
• •	ns within 10 minutes. Detailed transfer of care report given	3	
	priate management and identified appropriate field impression. Transport decision		1
	minutes. Transfer of care report given	2	
	t management but did not identify appropriate field impression or transport deci-		1
	of care report not adequate	1	
Did not provide	correct management, appropriate field impression, transport decision, or report	0	1
End Time:		15	
			· · ·
Critical Failure			
Failure to	appropriately address any of the scenario's "Mandatory Actions"		
Failure to	manage the patient as a competent BLS Provider		
	nacceptable affect with patient or team		
Uses or or	ders a dangerous or inappropriate intervention		

You must document your reason for checking any of the above critical items on the back side of this form.

□ Chief complaint/MOI		□ Airway		Skin:   Color   Temp   Moisture		
□ General impression		□ Breathing		Resp: 🗆 Rate 🗆 Rhythm 🗆 Depth		
□ LOC		□ Circulation		Heart: □ Rate □ Rhythm □ Location		
□ Signs	□ Onset	EQUIPMEN	T / CORRECTLY	MEDIC	ATION	
□ Allergies	□ Provocation	□ C-Collar	□ Yes □ No	□ Albuterol: Dose_		
□ Medication	□ Quality	□ LSB	□ Yes □ No	☐ Aspirin: Dose	Rte	
□ Past Hx	□ Radiation	□ BGM	□ Yes □ No	□ Epi: Dose	Rte	
□ Last Intake	□ Severity	□ Tourniquet	□ Yes □ No	☐ Glucose: Dose	Rte	
□ Events	□ Time	□ Wound Car	e 🗆 Yes 🗆 No	□ Narcan: Dose		
	□ Interventions	s □ Splint	□ Yes □ No		Rte	
		Type:		☐ Oxygen: Dose		
Notes:						
votes:						
	AL FAILURE: (If applic	able)				
	AL FAILURE: (If applic	able)				
	AL FAILURE: (If applic	able)				
	<b>AL FAILURE</b> : (If applic	able)				
	AL FAILURE: (If applic	able)				