



BALTIMORE COUNTY FIRE RESCUE ACADEMY BASIC LIFE SUPPORT SKILLS ASSESSMENT HIGH PERFORMANCE CPR/AED (Life Pak 15) SKILL CARD

LAST NAME: _____ C# _____ Attempt # _____ DATE: _____

Skill Card 1

SKILLS	WAS SKILL PERFORMED?	COMMENTS
Determines scene safety	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Takes body substance isolation (BSI) precautions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines nature of illness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines number of patients	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Requests additional resources	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Considers stabilization of c-spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes general impression of the patient	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines responsiveness/level of consciousness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's circulation and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's airway and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's breathing and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses for dense bleeding and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Exposes patient as appropriate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines chief complaint and assigns clinical priority	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Begins chest compressions with 2-rescuer CPR [2 minutes]	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Compresses to a depth of 2" – 2.4"	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Compresses at a rate of 100-120/min	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Compresses at a ratio of 30:2	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Allows chest to recoil completely	<input type="checkbox"/> YES <input type="checkbox"/> NO	
At 2-minute mark, directs switch and reassessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Directs partner to perform compressions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ventilates at a rate of 1 breath every 10 compressions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attaches and powers on LP 15	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Converts LP 15 to AED mode and follows prompts	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Directs CPR to stop during rhythm analysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Directs CPR to resume during charging	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ensures all individuals are clear of patient and delivers shock	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Immediately directs rescuer to resume chest compressions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Continues ventilations at a rate of 1 breath/10 compressions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Completes 2 minute cycle	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Candidate completed all tasks within the 8 minute time limit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
31 Total possible points: 22 are required to pass **GREY ITEMS MUST BE PERFORMED**	TOTAL POINTS	

This assessment is to be performed in a continuous manner. Time begins when the candidate begins the assessment (physically or verbally).

The maximum time for this skill is **8 MINUTES**.

Failure to complete all grey items or an overall **22** total points will result in a failure of this skill.

Any skill not performed requires documentation by the evaluator

Instructor and field personnel are only to intervene when issues of safety arise.

If the maximum time limit has been reached before the skill is completed, the skill will be terminated and "not performed" shall be checked. Documentation is required.

The evaluator should compute depth, rate, and ratio of chest compressions, as well as rate of ventilations, on an aggregate basis. At least 70% of all parameters must be performed as specified.

SKILL COMPLETION:

- SUCCESSFUL
- UNSUCCESSFUL

CANDIDATE'S SIGNATURE: _____ EVALUATOR'S SIGNATURE: _____ PRINT NAME: _____



BALTIMORE COUNTY FIRE RESCUE ACADEMY BASIC LIFE SUPPORT SKILLS ASSESSMENT MEDICAL ASSESSMENT SKILL CARD

LAST NAME: _____ C# _____ Attempt # _____ DATE: _____

Skill Card 2

SKILLS	WAS SKILL PERFORMED?	COMMENTS
Determines scene safety	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Takes body substance isolation (BSI) precautions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines nature of illness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines number of patients	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Considers additional resources	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Considers stabilization of c-spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes general impression of the patient	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines responsiveness/level of consciousness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's airway and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's breathing and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's circulation and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses for dense bleeding and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Exposes patient as appropriate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines chief complaint and assigns clinical priority	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs focused medical assessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Obtains SAMPLE history	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asks clarifying questions to determine OPQRST	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Obtains vital signs***	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines appropriate BLS medication(s) to administer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verifies RPMDDD prior to administration	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines need for medical consultation prior to administering	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Properly administers/verbalizes administration of medication	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Provides reassessment after medication administration	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes appropriate ongoing reassessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes appropriate treatment destination	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Successfully completes verbal radio consultation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Candidate completed all tasks within the 15 minute time limit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
26 Total possible points: 19 are required to pass **GREY ITEMS MUST BE PERFORMED**		TOTAL POINTS

This assessment is to be performed in a continuous manner. Time begins when the candidate begins the assessment (physically or verbally).

The maximum time for this skill is **15 MINUTES**.

Failure to complete all grey items or an overall **19** total points will result in a failure of this skill.

Any skill not performed requires documentation by the evaluator

Instructor and field personnel are only to intervene when issues of safety arise.

If the maximum time limit has been reached before the skill is completed, the skill will be terminated and "not performed" shall be checked. Documentation is required.

*** The candidate **MUST** physically obtain vital signs: BP ± 10mmHg systolic/diastolic, P ± 10/min, RR ± 5/min. Evaluator will document patient's vital signs in comments prior to beginning evaluation ***

SKILL COMPLETION:

- SUCCESSFUL
- UNSUCCESSFUL

CANDIDATE'S SIGNATURE: _____ EVALUATOR'S SIGNATURE: _____ PRINT NAME: _____



BALTIMORE COUNTY FIRE RESCUE ACADEMY BASIC LIFE SUPPORT SKILLS ASSESSMENT TRAUMA ASSESSMENT SKILL CARD

LAST NAME: _____ C# _____ Attempt # _____ DATE: _____

Skill Card 3

SKILLS	WAS SKILL PERFORMED?	COMMENTS
Determines scene safety	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Takes body substance isolation (BSI) precautions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines mechanism of injury	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines number of patients	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Considers additional resources	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Considers stabilization of c-spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes general impression of the patient	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines responsiveness/level of consciousness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's airway and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's breathing and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses patient's circulation and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Assesses for dense bleeding and corrects immediate life threats	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Exposes patient as appropriate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Determines chief complaint and assigns clinical priority	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of head and neck	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of chest	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of abdomen	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of pelvis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of lower extremities	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of upper extremities	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Performs rapid trauma assessment of posterior	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attempts to obtain SAMPLE history	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Directs partner to obtain vital signs	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Manages injuries appropriately	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes appropriate ongoing reassessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verbalizes appropriate treatment destination	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Successfully completes verbal radio consultation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Candidate completed all tasks within the 10 minute time limit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
27 Total possible points: 19 are required to pass **GREY ITEMS MUST BE PERFORMED**		TOTAL POINTS

This assessment is to be performed in a continuous manner. Time begins when the candidate begins the assessment (physically or verbally).

The maximum time for this skill is **10 MINUTES**.

Failure to complete all grey items or an overall **19** total points will result in a failure of this skill.

Any skill not performed requires documentation by the evaluator

Instructor and field personnel are only to intervene when issues of safety arise.

If the maximum time limit has been reached before the skill is completed, the skill will be terminated and "not performed" shall be checked. Documentation is required.

SKILL COMPLETION:

- SUCCESSFUL
- UNSUCCESSFUL

CANDIDATE'S SIGNATURE: _____ EVALUATOR'S SIGNATURE: _____ PRINT NAME: _____