



CROWDER COLLEGE

EMTP 276 EMS-Qualified Application



STUDENT ELIGIBILITY

To be eligible for the RN/PA-C/NP/MD/DO to PARAMEDIC program, you need to meet the following minimum requirements:

- Be adaptable to stressful situations
- EMT certification/license (highly recommended)
- Show a positive appearance, motivation and attitude (in the clinical and field internship segments, the student will be working closely with patients, nurses, physicians and EMS personnel and must maintain a high degree of professionalism)
- AHA BLS and ACLS Provider within good standing, and RN/PA/NP/MD/DO license must be in good standing with 1000 hours of work experience in the last 2 years.
- Has a scope of practice that includes advanced airway management procedures
- Has a minimum of 250+ hours worked in the pre-hospital setting (air or ground) in an advanced life support (ALS) role with ALS protocols/procedures.

AND meet at least ONE of the following requirements for entry:

- Two or more years of Emergency/Critical Care (ICU, CVICU, CCU, etc.) experience OR;
- One year of experience (ER/Critical Care) with a current EMT license and one year of pre-hospital experience OR;
- One year of experience with current CFRN, CTRN, TCRN, CPEN, or CEN certification that is within good standing, and is actively working in emergency/critical care.

APPLICATION PACKET INCLUDES:

- Student Application
- Employment Form
- Work Verification Form
- Clinical Experience Waiver Form
- Advanced Skill Validation Forms

PRIOR TO ENROLLMENT:

1. Apply to become a Crowder student through Admissions (may apply online)
2. Submit to the Records Office:
 - High School Diploma/GED transcript
 - Any and **all** college transcripts
 - Driver's License or Photo ID
3. Submit completed RN to PARAMEDIC application packet

INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:

- Required:
 - RN License not currently subject to disciplinary action
 - If other advanced level provider please attach that license such as PA-C, NP, or MD/DO
 - BLS Provider Card (American Heart Assoc. or American Red Cross)
 - ACLS provider Card (American Heart Assoc. or American Red Cross)
 - Driver's License
 - Hepatitis B: Proof of 1st inoculation of series prior to start of class; or if series is complete, proof of all inoculation dates; or proof of Titer date and results.
 - TB Screening (Most recent will be accepted).
 - Complete work verification form
 - Complete clinical experience waiver form
 - Complete advanced skill validation forms (NREMT forms)
- Preferred (if applicable):
 - State EMT or AEMT license (National Registry or State)
 - Other certs such as: PALS, PHTLS, etc.
 - Advanced Board Certs such as: CFRN, CTRN, TCRN, CPEN, or CEN.

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BUILDING A CIVIL, SERVING, LITERATE, LEARNING

PROGRAM COST:

Please visit <https://www.crowder.edu/financial-aid/tuition-residency/> for the latest tuition and fees.

*The purchase of items such as uniforms, housing, fuel, transportation, patches, stethoscopes, shears, and other personal equipment and accessories is the financial responsibility of the student.

NON-DISCRIMINATION POLICY: Crowder College is an equal opportunity/affirmative action/educational/employment institution, and is nondiscriminatory relative to race, religion, color, national origin, sex, age, and qualified disability. Crowder College is committed to providing educational opportunities to all qualified students regardless of their economic or social status and will not discriminate on the basis of handicaps, race, color, sex, creed, or national origin. The Vice President of Student Affairs, Farber Building, and Human Resources Director, Newton Hall, coordinate efforts to comply with the provisions of Title VI of the Civil rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973.

RN/PA/NP/MD/DO to PARAMEDIC BRIDGE PROGRAM Student Application

Student Name: _____

Date: / /

Mailing Address: _____
Street City State Zip Country

Home Phone: / / Work Phone: / / Cell/Other: / /

Social Security Number (last 4 digits): _____ Email address: _____

Emergency contact _____
Name Relationship Phone

Education: High School/GED: _____ Graduation Date: _____
Address: _____

RN Education: _____ Graduation Date: _____
Address: _____

College/Tech School: _____ Degree/Certification Completed: _____
Date: _____ Address: _____

Health/Medical Certifications:

Please describe any previous health/medical work experience:

Have you ever applied or been enrolled in a Paramedic Program? Yes No

NOTICE: Please indicate by signing below, that you have read and understand the following statement:
"A National Background report prior to student clinical practice is required by the Crowder College EMS program."

Have you ever been convicted of a felony? Yes No

If Yes is checked, please explain:

Yes, I have read and understand the program information and statement above. The information I have given in this application is correct, to the best of my knowledge.

Signature: _____ Date: _____

EMPLOYMENT HISTORY

Current Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____

Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____ Reason for leaving _____

Employer _____ Position Held _____

Address _____ Phone _____

Dates of Employment _____ Reason for leaving _____

EMERGENCY SERVICES SECTION 190.165

In compliance with the Missouri Revised Statutes, Chapter 190 of the Emergency Services Section 190.165, each applicant will be required to answer the following questions and others at the time of application to take the licensure examination:

Have you ever been finally adjudicated and found guilty, or entered a plea of nolo contendere in a criminal prosecution under the laws of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offense? _____

Have any administrative licensure actions ever been taken against your EMT license in Missouri or any other state?

IF ANY OF THESE QUESTIONS ARE ANSWERED YES, THE MISSOURI BUREAU OF EMS WILL RULE WHETHER OR NOT THE APPLICANT MAY RECEIVE A LICENSE AFTER COMPLETION OF THE PARAMEDIC PROGRAM.

I have given true, accurate and complete information on this application to the best of my knowledge. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

ATTESTATION

I attest that all the information on the application is accurate and complete to the best of my knowledge. I also understand that falsification of any part of the Paramedic Program application will result in denial/removal from the paramedic program and is not subject to appeal.

Yes No Signature _____ Date _____



Name of Applicant/Student: _____

Student Identification Number (SID): _____

*To be completed by all applicants of either the EMTP 275 and EMTP 276 Courses

RN/PA-C/NP/MD/DO to Paramedic Work Verification Form

The individual certifying this work verification form is attesting to the Crowder College EMS program that aforementioned student meets the general entry requirements for the program listed below

- 1000 hours of RN/PA-C/NP/MD/DO work experience in the last 2 years.
- Has current BLS & ACLS certifications (American Heart Association or American Red Cross).

Applicant must also meet one of the following (initial one or more of the criteria for entry):

_____ Two or more yeas of Emergency/Critical Care (ICU, CVICU, CCU, etc.) experience.

_____ One year of RN/PA-C/NP/MD/DO experience (ER/Critical Care) with a current EMT license & one year of pre-hospital experience

_____ One year of RN/PA-C/NP/MD/DO experience (ER/Critical Care) with at least one of the current certifications in good standing; and is actively working in emergency or critical care.

Accepted Board Certifications: CFRN, CTRN, TCRN, CPEN, or CEN.

Printed Name & Title of Verifying Individual: _____

Signature of Verifying Individual: _____

Phone& Email: _____





Name of Applicant/Student: _____

Student ID Number: _____

EMTP 276 RN to Paramedic - EMS Qualified Clinical Experience Waiver Form

***This form only needs to be completed for individuals applying for the EMTP 276 RN to Paramedic – EMS Qualified Course.**

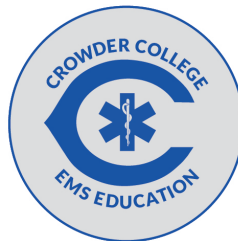
The completion of this form acknowledges that the aforementioned student is using their work experience in the pre-hospital environment; of a minimum of 250 documented work hours, in place of clinical rotations in order to qualify for the Crowder College RN to Paramedic - EMS Qualified program.

For this form to be validated, the following criteria must be met for completion; and the documentation must be on file with the college.

1. The student can perform the skills listed below within their current job or the skills are/were within their scope of practice within the last 5 years. (Check all that apply)

a. Skills

- ___ Adult Intubation
- ___ Pediatric Intubation
- ___ Needle Decompression
- ___ Needle Cricothyrotomy





2. The student currently works, or within the last 5 years, has worked in pre-hospital care (ground or air ambulance) for a minimum of 250 hours in one of the following capacities listed below. (Check all that apply)

_____ A flight RN (or NP, PA-C, or MD/DO) that works for an air medical service with a flight paramedic, RT, or another RN; that is an equal provider of care or a decision maker in clinical care.

_____ An RN (or NP, PA-C, or MD/DO) that works on an ambulance and provides advanced life support (ALS) care for the patients being transported.

By signing this form, I attest that the aforementioned student meets the criteria to accept the clinical waiver in accordance with Crowder College, MO BEMS, and CoAEMSP guidelines.

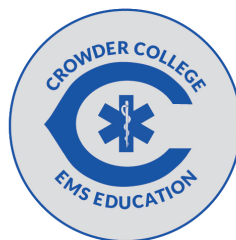
Printed Name of Verifying Individual: _____

Signature of Verifying Individual: _____

Title of Verifying Individual: _____

Phone: _____

Email: _____



Advanced Skill Validation Forms

The following forms need to be completed by a medical director, supervisor, clinical lead/liaison, or an individual that can validate that the skills have been completed according to the national standard.

The individual completing the following forms needs to be the same individual that signs and attests to the criteria set forth in the clinical experience waiver form (found in the pages prior).

*If the attesting individual requests a digital copy of the following documents to complete, then those documents can be sent upon request.



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination
DIRECT OROTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO ₂ reading	
Preoxygenates patient	
Performs intubation	
Positions head properly	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Suctions secretions from tube	
Recognizes need to suction	
Identifies/selects flexible suction catheter	
Inserts catheter into ET tube while leaving catheter port open	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

DIRECT OROTRACHEAL INTUBATION PEDIATRIC SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tubes and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 12 – 20/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	
Performs intubation	
Places patient in neutral or sniffing position by padding between scapulae to elevate shoulders and torso as needed	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe (only if cuffed tube is used)	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL

/52

Critical Criteria

- Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- Failure to take or verbalize appropriate PPE precautions
- If used, suctions the patient for more than 10 seconds
- If used, stylette extends beyond end of ET tube
- Failure to preoxygenate patient prior to intubation
- Failure to disconnect syringe **immediately** after inflating cuff of ET tube (only if cuffed tube is used)
- Uses teeth or gums as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of at least 12/minute and no more than 20/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Insertion or use of any adjunct in a manner dangerous to the patient
- Attempts to use any equipment not appropriate for the pediatric patient
- Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- Failure to receive a total score of 40 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

- Were you successful or unsuccessful in this skill? Successful
 Unsuccessful



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual

SUPRAGLOTTIC AIRWAY DEVICE ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE _____

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Supraglottic airway device	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually opens airway	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and notes SpO ₂	
Preoxygenates patient	
Performs insertion of supraglottic airway device	
Lubricates distal tip of the device	
Positions head properly	
Performs a tongue-jaw lift	
Inserts device to proper depth	
Secures device in patient (inflates cuffs with proper volumes and immediately removes syringe or secures strap)	
Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium	
Adjusts ventilation as necessary (ventilates through additional lumen or slightly withdraws tube until ventilation is optimized)	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Secures device	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	

Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL	/50
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Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ If used, suctions the patient for more than 10 seconds
- ___ Failure to preoxygenate the patient prior to insertion of the supraglottic airway device
- ___ Failure to disconnect syringe immediately after inflating any cuff
- ___ Failure to properly secure device in patient (cuff inflation or strap placement not acceptable)
- ___ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to receive a total score of 38 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? Successful
 Unsuccessful



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

NEEDLE CRICOTHYROTOMY (PERCUTANEOUS TRANSLARYNGEAL VENTILATION)
SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ SCORE _____

Selects, checks, assembles equipment	
Oxygen source capable of 50 psi	
Oxygen tubing	
Manual jet ventilator device (Y-connector or push button device)	
Bag-valve-mask device	
Large bore IV catheter	
10 – 20 mL syringe	
3.0 mm ET adapter	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Places the patient supine and hyperextends the head/neck (neutral position if cervical spine injury is suspected), manages the patient's airway with basic maneuvers and supplemental oxygen	
Palpates neck locating the cricothyroid membrane (between the thyroid and cricoid cartilages)	
Performs needle cricothyrotomy	
Cleanse the insertion site with appropriate solution	
Stabilizes site and inserts needle through cricothyroid membrane at midline directing at a 45° angle caudally	
Aspirates syringe to confirm proper placement in trachea	
Advances catheter while stabilizing needle	
Removes needle and immediately disposes in sharps container	
Attaches ventilation device and begins ventilation (1 second for inflation, 2 seconds for exhalation using jet ventilator, manually triggered ventilation device, BVM)	
Secures catheter	
Observes chest rise and auscultates lungs to assess adequacy of ventilation	
Continues ventilation while observing for possible complications (subcutaneous emphysema, hemorrhage, hypoventilation, equipment failure, catheter kink, false placement)	



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

TRAUMA ENDOTRACHEAL INTUBATION ADULT SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____ **SCORE**

Selects, checks, assembles equipment	
BVM with mask and reservoir	
Oxygen	
Airway adjuncts	
Suction unit with appropriate catheters	
Laryngoscope and blades	
ET tube and stylette	
Capnography/capnometry	
Prepares patient	
Takes appropriate PPE precautions	
Manually maintains in-line immobilization and opens airway using jaw thrust maneuver	
Inserts adjunct (oropharyngeal or nasopharyngeal airway)	
Ventilates patient at a rate of 10 – 12/minute and sufficient volume to make chest rise	
Attaches pulse oximeter and evaluates SpO ₂ reading	
Preoxygenates patient	
Performs intubation	
Maintains head in neutral, in-line position	
Inserts laryngoscope blade and displaces tongue	
Elevates mandible with laryngoscope	
Inserts ET tube and advances to proper depth	
Inflates cuff to proper pressure and immediately removes syringe	
Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	
Assesses for hypoxia during intubation attempt	
Secures ET tube	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /52

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking PPE precautions or interrupts ventilations when SpO₂ is less than 90% at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ If used, suctions the patient for more than 10 seconds
- ___ Failure to preoxygenate patient prior to intubation
- ___ If used, stylette extends beyond end of ET tube
- ___ Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- ___ Uses teeth as a fulcrum
- ___ Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to assure that the head is in a neutral, in-line position throughout
- ___ Uses or orders a dangerous or inappropriate intervention
- ___ Failure to demonstrate the ability to manage the patient as a minimally competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Failure to receive a total score of 40 or greater

Comments:

STUDENT SELF-EVALUATION (The examiner is to ask the student to reflect on his/her performance and document his/her response to the following question:)

Were you successful or unsuccessful in this skill? Successful
 Unsuccessful



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

PLEURAL DECOMPRESSION (NEEDLE THORACOSTOMY) SKILLS LAB

Student Name: _____ Date: _____

Instructor Evaluator: _____ Student Evaluator: _____
Signature Signature

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started:	SCORE
Manages the patient's airway with basic maneuvers and supplemental oxygen; intubates as necessary	
Appropriately recognizes signs of tension pneumothorax	
Selects, checks, assembles equipment	
14 – 16 ga. X 2 inch over-the-needle catheter (adult) or 16 – 18 ga. X 1½ – 2 inch over-the-needle catheter (pediatric)	
10 mL syringe	
4x4s	
Antiseptic solution	
Tape	
Prepares patient	
Takes or verbalizes appropriate PPE precautions	
Palpates the chest locating the second or third intercostal space on the midclavicular line (the second rib joins the sternum at the angle of Louis, the second intercostal space is located between 2 nd & 3 rd ribs while the third intercostal space is between 3 rd & 4 th ribs)	
Properly cleanses the insertion site with appropriate solution	
Performs needle thoracostomy	
Reconfirms the site of insertion and directs the needle over the top of the rib on the midclavicular line	
Listens for a rush of air or watches for plunger in syringe to withdraw and aspirates air	
Removes needle/syringe leaving only the catheter in place	
Disposes of the needle in proper container	
Stabilizes the catheter hub with 4x4s and tape	
Reassesses adequacy of ventilation, lung sounds, blood pressure and pulse for improvement in patient condition	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /38

