SKILLS VERIFICATION FORM FOR ALS PROVIDERS

STUDENT NAME_____ CLASS NUMBER_____

CLASS LOCATION_____

PROGRAM MEDICAL DIRECTOR:

I hereby verify that_____ has demonstrated the knowledge and skills required for certification as an ALS provider and are eligible to take the state written certification examination.

This verification form is valid only for the term of the paramedic-training program and will be void after ninety days or upon completion of the state written certification examination, whichever comes first.

SKILLS	DATE	INSTR INIT	SKILLS	DATE	NSTR INIT
EMS COMMUNICATIONS			**RELAYING PATIENT INFORMATION**		
Use of radio equipment			Procedure for verifying medication		
FCC regulations			orders received from a physician.		
			Procedure for the transfer of informa-		
PATIENT ASSESSMENT			tion to the supervising physician.		
Procedure for eliciting a medical history					
Procedure for conducting a patient asst.			**TRAUMA**		
Adult			Open Pneumothorax		
Pediatric			Tension Pneumothorax		
Neonatal			Short Backboard Application		
Neurologic assessment			Long Backboard Application		
Perfusion assessment			Upper Extremity Splinting		
Respiratory assessment			Lower Extremity Splinting		
			Cervical Immobilization		
AIRWAY, VENTILATION AND RESPIRATORY			Cervical Collar Application		
Perform aseptic, atraumatic, orotracheal,			Rapid Extrication		
endotracheal and tracheotomy suctioning					
Oral airway insertion			**SHOCK AND FLUID THERAPY**		
Nasal airway insertion			Techniques of peripheral veni-		
Esophageal Airway insertion			puncture using an over-the-needle		
Endotracheal Intubation:			catheter device and straight needle.		
Direct Laryngoscopy			Aseptic technique of drawing blood		
Nasal			Application, inflation and		
Digital			deflation-MAST.		
For Traumatic Patient			Rotating Tourniquets (opt)		
Perform Cricothyrotomy (opt)			Techniques of peripheral		
Perform Transtracheal Jet Insf. (Opt)			venipuncture using an intra-		
Perform Thoracentesis (opt)			catheter (opt).		
Patient Ventilation:			Technique for subclavian & internal		
Pocket Mask			jugular intravenous insertion (opt).		
Bag-valve device (EOA)			Techniques of peripheral veni-		
Bag-valve device (ET)			puncture by use of the following		
Demand-valve			devices. List:		
Airway Obstruction					
Use of SCBA					
Identification of Lung Sounds					

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SKILLS	DATE	INSTR INIT	SKILLS	DATE	NSTR INIT
CARDIOVASCULAR			**GENERAL PHARMACOLOGY**		
CPR - all aspects			Calculate the volume of fluid to be		
Mechanical CPR devices (opt)			administered, given the dosage		
Perform carotid massage (opt)			required and the concentration		
Identify:			of the drug.		
P Wave			Convert one unit of measure to		
QRS Complex			another in the metric system.		
P-P Intervals			Demonstrate the technique for		
R Intervals			drawing up a designated volume		
ST Segments			of fluid in a syringe from an		
T Waves			ampule or a vial.		
Isoelectric line			Demonstrate the technique for		
Recognize Dysthythmias:			administering drugs using a pre-		
Sinus Bradycardia			package disposable syringe.		
Sinus Tachycardia			Demonstrate the technique for		
Sinus Arrhythmias			administration of drugs into an		
Sinus Arrest			IV container.		
Wandering Pacemaker			Demonstrate the following		
Premature Atrial Complexes			administration techniques:		
Atrial Tachycardia			Aerosol		
Atrial Flutter			Oral		
Atrial Fibrillation			Sublingual		
Premature Junctional Complex			Subcutaneous		
Junctional Escape Complexes & Rhy			Intramuscular		
Accelerated Junctional Rhythm			Intravenous		
Paroxysmal Junctional Tachycardia			Intracardiac (opt)		
Ventricle Escape Complex & Rhythm					
Premature Ventricular Complexes					
Ventricular Tachycardia					
Ventricular Fibrillation					
Asystole					
Artificial Pacemaker Rhythm					
First Degree AV Block					
Second Degree AV Block					
Type I and Type II					
Third Degree AV Block					
Bundle Branch Block					
Aberrant Ventricular Conduction					
Monitor/Defibrillator Operation					
Perform External Pacing					
Synchronized Cardioversion					

I verify that the above instructor's initial are those of approved instructors for this program. The presence of the initials signifies student competency in that area.

Course Coordinator:_____ Date:_____

Medical Director:_____ Date:_____