

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

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