

Practical Skills Laboratory Performance Sheet

Candidate's Name: _____

Name of Training Program: _____

Course Coordinator: _____

Sheet ___ of ___

Practical Skills	Name of Evaluator	Date	Sat	Unsat
1. Airway Management	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Esophageal Obturator Airway	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Medical Patient Assessment	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Trauma Patient Assessment	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Vital Signs	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Traction Splinting	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. Kendrick Extrication Device	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. Spinal Immobilization Device	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. Pneumatic Anti-Shock Garment	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO THE EVALUATORS

By signing on any of the above lines you are assuring that the candidate was acting as the team Leader.

BLS Practical Skills	Name of Evaluator	Date	Sat	Unsat
1. Adult, One-Rescuer CPR	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Adult, Two-Rescuer CPR	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Adult, Conscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Adult, Unconscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Child, One-Rescuer CPR	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Child, Two-Rescuer CPR	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. Child, Conscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. Child, Unconscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. Infant, One-Rescuer CPR	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. Infant, Conscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. Infant, Unconscious FBAO	1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS - PRACTICAL SKILLS LABORATORY PERFORMANCE SHEET

To insure your active "hands on" participation in the practical skills laboratory experience, the student will be required to render an acceptable performance in each of the practical skills listed on both sides of this sheet. An acceptable performance is deemed one in keeping with the guidelines described on the objective sheets for the EMT-B practical skills testing or American Heart Association or American Red Cross guidelines. These sheets will be given to you by your Instructor-Coordinator

This satisfactory performance will be verified by obtaining the signature of the laboratory instructor or Instructor-Coordinator who witnessed your execution of these skills while your acting as the team leader. A minimum of three (3) demonstrations will be required for each specified practical skill. Data reveals that multiple successful attempts increase the candidates chances for overall successful completion of practical skill objectives. At the conclusion of your training program, return this sheet to the Instructor-Coordinator for his/her records. By demonstrating your proficiency in this manner we hope to better prepare the candidate of the practical skills testing as part of the state licensure examination.

As this program's Instructor-Coordinator, I attest that the candidate listed on the front page of this document, has completed the aforementioned skills in accordance with the published Practical Skill Objective Sheets.

Signature of Instructor-Coordinator: _____