

SKILL SHEETS SHOULD BE APPROVED BY INDIVIDUAL EDUCATION PROGRAM

Candidate Name _____ Date _____

TDSHS Level: AEMT EMT-P

Type of Test: Initial Course Number _____ Initial Testing Initial Retest

LATE RENEWAL TDSHS EMS Personnel Number _____

Testing Location _____

***All components are ABSOLUTES.
DO NOT DEDUCT FOR OUT OF SEQUENCE UNLESS SPECIFICALLY INDICATED.***

IV Bolus Medication	Start Time		End Time	
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1.	Takes or verbalizes PPE		Performed
2.	Checks physician order or protocol		
3.	Obtains patient allergies and explains procedure		
4.	Selects correct medication		
5.	Checks label for correct drug, concentration and expiration date		
6.	Checks medication for cloudiness or discoloration		
7.	Obtains baseline level of pain or other signs/symptoms medication is to help		
8.	Prepares correct amount of medication and expels air, as appropriate for equipment		
9.	Rechecks allergies, checks correct drug and correct dose with partner		
10.	Cleanses injection site (Y-port or hub) and inserts syringe		
11.	Stops IV flow (pinches tubing)		
12.	Administers correct dose at proper push rate		
13.	Disposes of needle and syringe in proper container		
14.	Flushes tubing		
15.	Adjusts drip rate to TKO/KVO or previous flow rate		
16.	Monitors patient for desired effects and potential complications		
17.	Exhibits calm professional demeanor with all persons involved		
18.	Exhibits leadership and teamwork		

STATUS PASS (ALL COMPONENTS PERFORMED) FAILED (COMPONENTS NOT PERFORMED)

Evaluator Name (PRINTED) _____ Signature _____

COMMENTS (Required for any failure):