

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – Refresher Course

| Name:Last | | | First | | MI | Exam Date: | | | |
|--|----------------------------------|-------|-------|-----------------------|----------------|----------------------|--|--|--|
| WV Certification Number: | | | | _ Exam I | Location: | | | | |
| WVOEMS Class Number: | | | _ | | Training Agenc | Agency Class Number: | | | |
| Test Type: Entire Practical Retest | | | | | | | | | |
| EMT "TESTED" Skill Station | | Score | *CS | Evaluator Initials | | NOTES | | | |
| Patient Assessment - Trauma | | | | | | | | | |
| Bleeding Control/Shock Management | | | | | | | | | |
| Patient Assessment – Medical (Includes Baseline Vital Signs) | | | | | | | | | |
| Medication Administration -CHOOSE ONE- | Oral Glucose Administration | | | | | | | | |
| | Nitroglycerin Administration | | | | | | | | |
| | Nebulized Medication Admin. | | | | | | | | |
| | Epinephrine Auto-Injector Admin. | | | | | | | | |
| | Epinephrine 1:1000 Admin. | | | | | | | | |
| | Glucagon Administration | | | | | | | | |
| | Diphenhydramine Administration | | | | | | | | |
| Airway Management | | | | | | | | | |

^{*} Any failure requires a completed skill sheet to be attached to this summary sheet.



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|---|-------------------------------|-----------|------|----------------------|--|--|--|--|
| WV Certification Number: | Exam Location: | | | | | | | |
| WVOEMS Class Number: | Training Agency Class Number: | | | | | | | |
| Test Type: Entire Practical Retest | | | | | | | | |
| EMT "VERIFIED" Skill Station | Score | Pass/Fail | Date | Instructor Signature | | | | |
| Cardiac Arrest Management / AED | | | | | | | | |
| Baseline Vital Signs | | | | | | | | |
| Spinal Immobilization – Seated Patient | | | | | | | | |
| Spinal Immobilization – Supine Patient | | | | | | | | |
| Long Bone Immobilization | | | | | | | | |
| Joint Immobilization | | | | | | | | |
| 12 Lead EKG Acquisition | | | | | | | | |
| Continuous Positive Airway Pressure – CPAP | | | | | | | | |
| Naloxone Administration | | | | | | | | |
| Tetracaine Ophthalmic Administration / Morgan Lens | | | | | | | | |
| Oxygen Administration by Non-Rebreather Mask | | | | | | | | |
| BVM Ventilation of an Apneic Patient | | | | | | | | |
| Medication Supplements 1 – 7 (Oral Glucose, Nitroglycerine, Nebulized Medications, Epinephrine Auto Injector, Epinephrine 1:1000, Glucagon, and Diphenbydramine) | | | | | | | | |

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.