OFFICE OF EMERGENCY MEDICAL SERVICES
VIRGINIA DEPARTMENT OF HEALTH

Patient Assessment/Management – Medical

Station #: _____
Scenario #: _____

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: _____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Assess airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy / appropriate adjunct	1	
	Assures adequate ventilation	1	
Assess circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature, or condition)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
History of present illness (investigate chief complaint) ☐ Onset (1 point) ☐ Provocation (1 point) ☐ Quality (1 point) ☐ Radiation (1 point) ☐ Severity (1 point) ☐ Time (1 point) ☐ Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		8	
Past medical history ☐ Allergies (1 point) ☐ Medications (1 point) ☐ Pertinent history (1 point) ☐ Last oral intake (1 point) ☐ Events leading to present illness (1 point)		5	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Assesses affected body part/system(s) *(1 point for each required system – Maximum of 2 points)* - Cardiovascular - Neurological - Integumentary - Reproductive - Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		2	
Obtains vital signs ☐ Pulse (1 pt) ☐ Blood Pressure (1 pt) ☐ Resp rate (1 pt) ☐ Resp quality (1 pt)		4	
Interventions *(verbalizes proper intervention / treatment / contact medical control)*		1	
REASSESSMENT (verbalized)			
Repeats primary assessment		1	
Verbalizes reassessment of vital signs		1	
Repeats assessment regarding patient complaint/injuries and interventions		1	
	TOTAL:	39	

☐P ☐F

Critical Criteria: **(You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)**

- ☐ 101- Did not determine scene safety
- ☐ 103- Did not assess for and verbalize administration of appropriate concentration of oxygen, if indicated
- ☐ 104- Did not find, or manage, problems associated with airway, breathing, circulation or shock
- ☐ 105- Performs Secondary assessment before assessing/treating airway, breathing and circulation
- ☐ 106- Did not verbalize transporting patient within 10-minute time limit
- ☐ 107- Did not verbalize appropriate intervention/safe medication administration/contact medical control
- ☐ 108- Did not obtain 31 or more points

OEMS Examiner Review
Initials: _____
Bubble B or 1 on Scanform if Failed

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