



BROWARD COLLEGE COURSE OUTLINE

LAST REVIEW: 2009-2010 **NEXT REVIEW:** 2014-2015 **STATUS:** A

COURSE TITLE: Paramedic Review –Recertification

COMMON COURSE NUMBER: EMS 2391

CREDIT HOURS: 2

CONTACT HOUR BREAKDOWN

(per 16 week term)

CLOCK HOURS:

Lecture: 16	Lab: 0
Clinic: 0	Other: 0

Contact Hours/Week 1 hours

PREREQUISITE(S): Departmental approval

COREQUISITE(S) EMS 2391 Lab

COURSE DESCRIPTION This course is based on the latest United States Department of Transportation(DOT) EMT-Paramedic National Standard Curriculum and is designed to review and update the student in the delivery of emergency medical services. Successful completion of the course with a grade of “C” or higher provides eligibility for State of Florida Paramedic Recertification.

UNIT TITLES

UNIT TITLES:

1. Airway/Ventilation
2. Cardiovascular
3. Medical
4. Trauma
5. Pediatrics
6. HIV-AIDS Update
7. Other

Units: SPECIFIC LEARNING OUTCOMES:

Unit 1. Module I Airway / Ventilation Upon successful completion of this course, the students should be able to provide ventilatory support for a patient.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

1.1 Describe the indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient by: (C-1) / 2-1.43

Mouth-to-mouth

Mouth-to-nose

Mouth-to-mask

One person bag-valve-mask

Two person bag-valve-mask

Three person bag-valve-mask

Flow-restricted, oxygen-powered ventilation device

1.2 Compare the ventilation techniques used for an adult patient to those used for pediatric patients. (C-3) / 2-1.45

1.3 Describe indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient with an automatic transport ventilator (ATV). (C-1) / 2-1.46

1.4 Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1) / 2-1.54

1.5 Describe the special considerations in airway management and ventilation for patients with facial injuries. (C-1) / 2-1.55

1.6 Describe the special considerations in airway management and ventilation for the pediatric patient. (C-1) / 2-1.56

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic will be able to:

1.7 Demonstrate ventilating a patient by the following techniques: (P-2) / 2-1.95

Mouth-to-mask ventilation

One person bag-valve-mask

Two person bag-valve-mask

Three person bag-valve-mask

Flow-restricted, oxygen-powered ventilation device

Automatic transport ventilator

Mouth-to-stoma

Bag-valve-mask-to-stoma ventilation

1.8 Ventilate a pediatric patient using the one and two person techniques. (P-2) / 2-1.96

1.9 Perform bag-valve-mask ventilation with an in-line small-volume nebulizer. (P-2) / 2-1.97

1.10 Perform assessment to confirm correct placement of the endotracheal tube (P-2) / 2-1.103

1.11 Intubate the trachea by the following methods:

Orotracheal intubation

Nasotracheal intubation

Multi-lumen airways

1.12 Perform transtracheal catheter ventilation (needle cricothyrotomy). (P-2) / 2-

Unit 2 . MODULE II: CARDIOVASCULAR

- Provide care to a patient experiencing cardiovascular compromise.
- Attempt to resuscitate a patient in cardiac arrest.
- Provide post-resuscitation care to a cardiac arrest patient.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 2.1** Identify the major therapeutic objectives in the treatment of patients with any arrhythmia. (C-1) / 5-2.51
- 2.2** Identify the major mechanical, pharmacological and electrical therapeutic interventions. (C-3) / 5-2.52
- 2.3** Based on field impressions, identify the need for rapid intervention for the patient in cardiovascular compromise. (C-3) / 5-2.53
- 2.4** Identify the clinical indications for transcutaneous and permanent artificial cardiac pacing. (C-1) / 5-2.55
- 2.5** Describe the components and the functions of a transcutaneous pacing system. (C-1) / 5-2.56
- 2.6** Explain what each setting and indicator on a transcutaneous pacing system represents and how the settings may be adjusted. (C-2) / 5-2.57
- 2.7** Describe the techniques of applying a transcutaneous pacing system. (C-1) / 5-2.58
- 2.8** Specify the measures that may be taken to prevent or minimize complications in the patient suspected of myocardial infarction. (C-3) / 5-2.83
- 2.9** Describe the most commonly used cardiac drugs in terms of therapeutic effect and dosages, routes of administration, side effects and toxic effects. (C-3) / 5.2.84
- 2.10** List the interventions prescribed for the patient in acute congestive heart failure. (C-2) / 5-2.94
- 2.11** Describe the most commonly used pharmacological agents in the management of congestive heart failure in terms of therapeutic effect, dosages, routes of administration, side effects and toxic effects. (C-1) / 5-2.95
- 2.12** Identify the paramedic responsibilities associated with management of a patient with cardiac tamponade. (C-2) / 5-2.101
- 2.13** From the priority of clinical problems identified, state the management responsibilities for the patient with a hypertensive emergency. (C-2) / 5-2.109
- 2.14** Identify the drugs of choice for hypertensive emergencies, rationale for use, clinical precautions and disadvantages of selected antihypertensive agents. (C-3) / 5-2.110

- 2.15** Describe the most commonly used pharmacological agents in the management of cardiogenic shock in terms of therapeutic effects, dosages, routes of administration, side effects and toxic effects. (C-2) / 5-2.118
- 2.16** Identify the paramedic responsibilities associated with management of a patient in cardiogenic shock. (C-2) / 5-2.120
- 2.17** Identify the critical actions necessary in caring for the patient with cardiac arrest. (C-3) / 5-2.125
- 2.18** Describe the most commonly used pharmacological agents in the management of cardiac arrest in terms of therapeutic effects. (C-3) / 5-2.129
- 2.19** Develop, execute, and evaluate a treatment plan based on field impression for the patient in need of a pacemaker. (C-3) / 5-2.158
- 2.20** Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient. (C-3) / 5-2.168
- 2.21** Develop, execute and evaluate a treatment plan based on the field impression for the patient with cardiac tamponade. (C-3) / 5-2.171
- 2.22** Develop, execute and evaluate a treatment plan based on the field impression for the patient with a hypertensive emergency. (C-3) / 5-2.171
- 2.23** Develop, execute, and evaluate a treatment plan based on the field impression for the patient with cardiogenic shock. (C-3) / 5-2.177
- 2.24** Integrate pathophysiological principles to the assessment and field management of a patient with chest pain. (C-3) / 5-2.183

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 2.25** Set up and apply a transcutaneous pacing system. (P-3) / 5-2.202
- 2.26** Given the model of a patient with signs and symptoms of heart failure, position the patient to afford comfort and relief. (P-2) / 5-2.203
- 2.7** Demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques according to the current American Heart Association Standards and Guidelines, including: (P-3) / 5-2.205
- Cardiopulmonary resuscitation
 - Defibrillation
 - Synchronized cardioversion
 - Transcutaneous pacing

UNIT 3 MODULE 3 MEDICAL

- Assess a patient experiencing an allergic reaction
- Provide care to the patient experiencing an allergic reaction
- Assess a near drowning patient
- Provide care to a near drowning patient
- Assess a patient with a possible overdose

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 3.1** Describe physical manifestations in anaphylaxis. (C-1) / 5-5.13
- 3.2** Differentiate manifestations of an allergic reaction from anaphylaxis. (C-3) / 5-5.14
- 3.3** Recognize the signs and symptoms related to anaphylaxis. (C-1) / 5-5.15
- 3.4** Differentiate among the various treatment and pharmacological interventions used in the management of anaphylaxis. (C-3) / 5-5.16
- 3.5** Correlate abnormal findings in assessment with the clinical significance in the patient with anaphylaxis. (C-3) / 5-5.18
- 3.6** Develop a treatment plan based on field impression in the patient with allergic reaction and anaphylaxis. (C-3) / 5-5.19
- 3.7** List signs and symptoms of near-drowning. (C-1) 5-10.54
- 3.8** Describe the lack of significance of fresh versus saltwater immersion, as it relates to near-drowning. (C-3) / 5-10.55
- 3.9** Discuss the incidence of "wet" versus "dry" drownings and the differences in their management. (C-3) 5-10.56
- 3.10** Discuss the complications and protective role of hypothermia in the context of near-drowning. (C-1) / 5-10.57
- 3.11** Correlate the abnormal findings in assessment with the clinical significance in the patient with near-drowning. (C-3) / 5-10.58
- 3.12** Differentiate among the various treatments and interventions in the management of near-drowning. (C-3) 5-10.59
- 3.13** Integrate pathophysiological principles and assessment findings to formulate a field

impression and implement a treatment plan for the near-drowning patient. (C-3) / 5-10.60

- 3.14** Differentiate toxic substance emergencies based on assessment findings. (C-3) / 5-8.60
- 3.15** Correlate abnormal findings in the assessment with the clinical significance in the patient exposed to a toxic substance. (C-3) / 5-8.61
- 3.16** Correlate the abnormal findings in assessment with the clinical significance in patients with the most common poisonings by overdose. (C-3) / 5-8.44
- 3.17** Correlate the abnormal findings in assessment with the clinical significance in patients using the most commonly abused drugs. (C-3) / 5-8.53
- 3.18** List the clinical uses, street names, pharmacology, assessment finding and management for patient who have taken the following drugs or been exposed to the following substances: (C-1) / 5-8.56

- Cocaine
- Marijuana and cannabis compounds
- Amphetamines and amphetamine-like drugs
- Barbiturates
- Sedative-hypnotics
- Cyanide
- Narcotics/ opiates
- Cardiac medications
- Caustics
- Common household substances
- Drugs abused for sexual purposes/ sexual gratification
- Carbon monoxide
- Alcohols
- Hydrocarbons
- Psychiatric medications
- Newer anti-depressants and serotonin syndromes
- Lithium
- MAO inhibitors
- Non-prescription pain medications
- Nonsteroidal antiinflammatory agents
- Salicylates
- Acetaminophen
- Metals
- Plants and mushrooms

UNIT IV MODULE IV: TRAUMA

Perform a rapid trauma assessment

- Provide care to a patient with shock (hypoperfusion)
- Assess a patient with a head injury
- Assess a patient with a suspected spinal injury
- Provide care to a patient with a suspected spinal injury
- Provide care to a patient with a chest injury
- Provide care to a patient with an open abdominal injury

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 4.1 State the reasons for performing a rapid trauma assessment. (C-1) / 3-3.35
- 4.2 Recite examples and explain why patients should receive a rapid trauma assessment. (C-1) / 3-3.36
- 4.3 Apply the techniques of physical examination to the trauma patient. (C-1) / 3-3.37
- 4.4 Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. (C-1) / 3-3.38
- 4.5 Differentiate cases when the rapid assessment may be altered in order to provide patient care. (C-3) / 3-3.39
- 4.6 Discuss the treatment plan and management of hemorrhage and shock. (C-1) / 4-2.8
- 4.7 Develop, execute and evaluate a treatment plan based on the field impression for the hemorrhage or shock patient. (C-3) / 4-2.44
- 4.8 Relate assessment findings associated with head/ brain injuries to the pathophysiologic process. (C-3) / 4-5.43
- 4.9 Classify head injuries (mild, moderate, severe) according to assessment findings. (C-2) / 4-5.44
- 4.10 Relate assessment findings associated with concussion, moderate and severe diffuse axonal injury to pathophysiology. (C-3) / 4-5.49
- 4.11 Relate assessment findings associated with skull fracture to pathophysiology. (C-3) / 4-5.52
- 4.12 Relate assessment findings associated with cerebral contusion to pathophysiology. (C-3) / 4-5.55

- 4.13** Relate assessment findings associated with intracranial hemorrhage to pathophysiology, including: (C-3) / 4-5.58
- Epidural
 - Subdural
 - Intracerebral
 - Subarachnoid
- 4.14** Integrate the pathophysiological principles to the assessment of a patient with head/ brain injury. (C-3) / 4-5.63
- 4.15** Differentiate between the types of head/ brain injuries based on the assessment and history. (C-3) / 4-5.64
- 4.16** Formulate a field impression for a patient with a head/ brain injury based on the assessment findings. (C-3) / 4-5.65
- 4.17** Describe the assessment findings associated with spinal injuries. (C-1) / 4-6.6
- 4.18** Identify the need for rapid intervention and transport of the patient with spinal injuries. (C-1) / 4-6.8
- 4.19** Integrate the pathophysiological principles to the assessment of a patient with a spinal injury. (C-3) / 4-6.9
- 4.20** Differentiate between spinal injuries based on the assessment and history. (C-3) / 4-6.10
- 4.21** Formulate a field impression based on the assessment findings (spinal injuries). (C-3) / 4-6.11
- 4.22** Develop a patient management plan based on the field impression (spinal injuries). (C-3) / 4-6.12
- 4.23** Describe the assessment findings associated with traumatic spinal injuries. (C-1) / 4-6.14
- 4.24** Describe the management of traumatic spinal injuries. (C-1) / 4-6.15
- 4.25** Integrate pathophysiological principles to the assessment of a patient with a traumatic spinal injury. (C-3) / 4-6.16
- 4.26** Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3) / 4-6.17
- 4.27** Formulate a field impression for traumatic spinal injury based on the assessment findings. (C-3) / 4-6.18
- 4.28** Develop a patient management plan for traumatic spinal injury based on the field impression. (C-3) / 4-6.19
- 4.29** Describe the assessment findings associated with non-traumatic spinal injuries. (C-1) / 4-6.21
- 4.30** Describe the management of non-traumatic spinal injuries. (C-1) / 4-6.22

- 4.31** Integrate pathophysiological principles to the assessment of a patient with non-traumatic spinal injury. (C-3) / 4-6.23
- 4.32** Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3) / 4-6.24
- 4.33** Formulate a field impression for non-traumatic spinal injury based on the assessment findings. (C-3) 4-6.25
- 4.34** Develop a patient management plan for non-traumatic spinal injury based on the field impression. (C-3) / 4-6.26
- 4.35** Discuss the management of thoracic injuries. (C-1) / 4-7.7
- 4.36** Identify the need for rapid intervention and transport of the patient with chest wall injuries. (C-1) / 4-7.11
- 4.37** Discuss the management of chest wall injuries. (C-1) / 4-7.12
- 4.38** Discuss the management of lung injuries. (C-1) / 4-7.15
- 4.39** Identify the need for rapid intervention and transport of the patient with lung injuries. (C-1) / 4-7.16
- 4.40** Discuss the management of myocardial injuries. (C-1) / 4-7.19
- 4.41** Identify the need for rapid intervention and transport of the patient with myocardial injuries. (C-1) / 4-7.20
- 4.42** Discuss the management of vascular injuries. (C-1) / 4-7.23
- 4.43** Identify the need for rapid intervention and transport of the patient with vascular injuries. (C-1) / 4-7.24
- 4.44** Discuss the management of diaphragmatic injuries. (C-1) / 4-7.27
- 4.45** Identify the need for rapid intervention and transport of the patient with diaphragmatic injuries. (C-1) / 4-7.28
- 4.46** Discuss the management of esophageal injuries. (C-1) / 4-7.31
- 4.47** Identify the need for rapid intervention and transport of the patient with esophageal injuries. (C-1) / 4-7.32
- 4.48** Discuss the management of tracheo-bronchial injuries. (C-1) / 4-7.35
- 4.49** Identify the need for rapid intervention and transport of the patient with tracheo-bronchial injuries. (C-1) / 4-7.36
- 4.50** Discuss the management of traumatic asphyxia. (C-1) / 4-7.39
- 4.51** Identify the need for rapid intervention and transport of the patient with traumatic asphyxia. (C-1) / 4-7.40
- 4.52** Develop a patient management plan based on the field impression (thoracic injuries). (C-3) / 4-7.44

- 4.53** Describe the management of abdominal injuries. (C-1) / 4-8.8
- 4.54** Develop a patient management plan for patients with abdominal trauma based on the field impression. (C-3) / 4-8.12
- 4.55** Formulate a field impression based upon the assessment findings for a patient with abdominal injuries. (C-3) / 4-8.36
- 4.56** Develop a patient management plan for a patient with abdominal injuries, based upon field impression. (C-3) / 4-8.37

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 4.57** Using the techniques of physical examination, demonstrate the assessment of a trauma patient. (P-2) / 3-3.77
- 4.58** Demonstrate the rapid trauma assessment used to assess a patient based on mechanism of injury. (P-2) / 3-3.78
- 4.59** Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock. (P-2) / 4-2.46
- 4.60** Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2) / 4-2.48
- 4.61** Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2) / 4-2.50
- 4.62** Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1) / 4-6.29
- 4.63** Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1) / 4-6.30
- 4.64** Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1) / 4-6.31
 - Supine
 - Prone
 - Semi-prone
 - Sitting
 - Standing
- 4.65** Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. 4-6.33
- 4.66** Demonstrate the following techniques of management for thoracic injuries: (P-1) / 4-7.50
 - Needle decompression

- Fracture stabilization
- Elective intubation
- ECG monitoring
- Oxygenation and ventilation

4.67 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1) / 4-8.41

UNIT V MODULE V: PEDIATRICS

- Assess an infant or child w/ cardiac arrest
- Provide care to an infant or child w/ cardiac arrest
- Assess an infant or child w/ respiratory distress
- Provide care to an infant or child in respiratory distress
- Assess an infant or child with shock (hypoperfusion)
- Provide care to an infant or child with shock (hypoperfusion)
- Assess an infant or child with trauma
- Provide care to an infant or child with trauma

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 5.1 Describe techniques for successful assessment of infants and children. (C-1) / 6-2.8
- 5.2 Describe techniques for successful treatment of infants and children. (C-1) / 6-2.9
- 5.3 Discuss the appropriate equipment utilized to obtain pediatric vital signs. (C-1) / 6-2.14
- 5.4 Determine appropriate airway adjuncts for infants and children. (C-1) 6-2.15
- 5.5 Discuss complications of improper utilization of airway adjuncts with infants and children. (C-1) 6 2.16
- 5.6 Discuss appropriate ventilation devices for infants and children. (C-1) 6-2.17
- 5.7 Discuss complications of improper utilization of ventilation devices with infants & children. (C-1) 6-2.18
- 5.8 Discuss appropriate endotracheal intubation equipment for infants and children. (C-1) / 6-2.19
- 5.9 Identify complications of improper endotracheal intubation procedure in infants and children. (C-1) / 6-2.20
- 5.10 List the indications and methods for gastric decompression for infants and children. (C-1) / 6-2.21
- 5.11 Differentiate between upper airway obstruction and lower airway disease. (C-3) / 6-2.25
- 5.12 Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease. (C-3) / 6-2.26
- 5.13 Discuss the common causes of hypoperfusion in infants and children. (C-1) / 6-2.27
- 5.14 Evaluate the severity of hypoperfusion in infants and children. (C-3) / 6-2.28
- 5.15 Identify the major classifications of pediatric cardiac rhythms. (C-1) 6-2.29
- 5.16 Discuss the primary etiologies of cardiopulmonary arrest in infants and children. (C-1) / 6-

2.30

- 5.17 Discuss age appropriate vascular access sites for infants and children. (C-1) 6-2.31
- 5.18 Discuss the appropriate equipment for vascular access in infants and children. (C-1) 6-2.32
- 5.19 Identify complications of vascular access for infants and children. (C-1) 6-2.33
- 5.20 Describe the primary etiologies of altered level of consciousness in infants and children. (C-1) 6-2.34
- 5.21 Identify common lethal mechanisms of injury in infants and children. (C-1) / 6-2.35
- 5.22 Discuss anatomical features of children that predispose or protect them from certain injuries. (C-1) / 6-2.36
- 5.23 Describe aspects of infant and children airway management that are affected by potential cervical spine injury. (C-1) / 6-2.37
- 5.24 Identify infant and child trauma patients who require spinal immobilization. (C-1) / 6-2.38
- 5.25 Discuss fluid management and shock treatment for infant and child trauma patient. (C-1) / 6-2.39
- 5.26 Discuss the parent/ caregiver responses to the death of an infant or child. (C-1) / 6-2.44
- 5.27 Discuss basic cardiac life support (CPR) guidelines for infants and children. (C-1) / 6-2.47
- 5.28 Identify appropriate parameters for performing infant and child CPR. (C-1) / 6-2.48
- 5.29 Integrate advanced life support skills with basic cardiac life support for infants and children. (C-3) / 6-2.49
- 5.30 Discuss the indications, dosage, route of administration and special considerations for medication administration in infants and children. (C-1) / 6-2.50
- 5.31 Discuss appropriate transport guidelines for infants and children. (C-1) / 6-2.51
- 5.32 Discuss appropriate receiving facilities for low and high risk infants and children. (C-1) / 6-2.52
- 5.33 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for respiratory distress/ failure in infants and children. (C-1) / 6-2.53
- 5.34 Discuss the pathophysiology of respiratory distress/ failure in infants and children. (C-1) / 6-2.53
- 5.35 Discuss the assessment findings associated with respiratory distress/ failure in infants and children. (C-1) / 6-2.55
- 5.36 Discuss the management/ treatment plan for respiratory distress/ failure in infants and children. (C-1) / 6-2.56
- 5.37 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for hypoperfusion in infants and children. (C-1) / 6-2.57

- 5.38 Discuss the pathophysiology of hypoperfusion in infants and children. (C-1) 6-2.58
- 5.39 Discuss the assessment findings associated with hypoperfusion in infants and children. (C-1) / 6-2.59
- 5.40 Discuss the management/ treatment plan for hypoperfusion in infants and children. (C-1) / 6-2.60
- 5.41 Discuss the assessment findings associated with cardiac dysrhythmias in infants and children. (C-1) / 6-2.63
- 5.42 Discuss the management/ treatment plan for cardiac dysrhythmias in infants and children. (C-1) / 6-2.64
- 5.43 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for trauma in infants and children. (C-1) / 6-2.69
- 5.44 Discuss the pathophysiology of trauma in infants and children. (C-1) / 6-2.70
- 5.45 Discuss the assessment findings associated with trauma in infants and children. (C-1) / 6-2.71
- 5.46 Discuss the management/ treatment plan for trauma in infants and children. (C-1) / 6-2.72

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 5.47 Demonstrate the appropriate approach for treating infants and children. (P-2) / 6-2.91
- 5.48 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children. (P-2) / 6-2.92
- 5.49 Demonstrate an appropriate assessment for different developmental age groups. (P-2) / 6-2.93
- 5.50 Demonstrate an appropriate technique for measuring pediatric vital signs. (P-2) / 6-2.93
- 5.51 Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient. (P-2) / 6-2.95
- 5.52 Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest. (P-2) / 6-2.96
- 5.53 Demonstrate proper technique for administering blow-by oxygen to infants and children. (P-2) / 6-2.97
- 5.54 Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask. (P-2) / 6-2.98
- 5.55 Demonstrate proper technique for suctioning of infants and children. (P-2) / 6-2.99
- 5.56 Demonstrate appropriate use of airway adjuncts with infants and children. (P-2) / 6-2.100
- 5.57 Demonstrate appropriate use of ventilation devices for infants and children. (P-2) 6-2.101

- 5.58** Demonstrate endotracheal intubation procedures in infants and children. (P-2) / 6-2.102
- 5.59** Demonstrate appropriate treatment/ management of intubation complications for infants and children. (P-2) / 6-2.103
- 5.60** Demonstrate appropriate needle cricothyroidotomy in infants and children. (P-2) / 6-2.104
- 5.61** Demonstrate proper placement of a gastric tube in infants and children. (P-2) / 6-2.105
- 5.62** Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children. (P-2) / 6-2.106
- 5.63** Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children. (P-2) / 6-2.106
- 5.64** Demonstrate an appropriate technique for insertion of an intraosseous line for infants and children. (P-2) / 6-2.108
- 5.65** Demonstrate appropriate interventions for infants and children with a partially obstructed airway. (P-2) / 6-2.109
- 5.66** Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway. (P-2) / 6-2.110
- 5.67** Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway. (P-2) / 6-2.111
- 5.68** Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients. (P-2) /
- 5.69** Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control. (P-2) / 6-2.113
- 5.70** Demonstrate appropriate immobilization techniques for infant and child trauma patients. (P-2) / 6-2.114
- 5.71** Demonstrate treatment of infants and children with head injuries. (P-2) / 6-2.115
- 5.72** Demonstrate appropriate treatment of infants and children with chest injuries. (P-2) / 6-2.116
- 5.73** Demonstrate appropriate treatment of infants and children with abdominal injuries. (P-2) / 6-2.117
- 5.74** Demonstrate appropriate treatment of infants and children with extremity injuries. (P-2) / 6-2.118
- 5.75** Demonstrate appropriate treatment of infants and children with burns. (P-2) / 6.2.119
- 5.76** Demonstrate appropriate parent/ caregiver interviewing techniques for infant and child death situations.(P-2) / 6-2.120
- 5.77** Demonstrate proper infant CPR. (P-2) / 6-2.121
- 5.78** Demonstrate proper child CPR. (P-2) / 6-2.122

5.79 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.(P-2) / 6-2.123

MODULE VI: OTHER RECOMMENDED CONTENT AREAS

OPERATIONS

- Prepare the emergency vehicle and equipment before responding to a call
- Drive the emergency vehicle in an emergency situation
- Assess scene safety
- Provide for safety of self, patient and fellow workers
- Take infection control precautions (body substance isolation), Dispose of sharps (needles, auto-injector, etc...), Dispose of materials contaminated with body fluids
- Use body mechanics when lifting and moving a patient

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 6.1 Discuss the importance of completing an ambulance equipment/ supply checklist. (C-1)
- 6.2 Given a scenario involving arrival at the scene of a motor vehicle collision, assess the safety of the scene and propose ways to make the scene safer. (C-3) / 1-2.11
- 6.3 List factors that contribute to safe vehicle operations. (C-1) / 1-2.12
- 6.4 Describe the considerations that should be given to: (C-1) / 1-2.13
 - a. Using escorts
 - b. Adverse environmental conditions
 - c. Using lights and siren
 - d. Proceeding through intersections
 - e. Parking at an emergency scene
- 6.5 Discuss the concept of "due regard for the safety of all others" while operating an emergency vehicle. (C-1) / 1-2.14
- 6.6 Explain how EMS providers are often mistaken for the police. (C-1) / 8-5.1
- 6.7 Explain specific techniques for risk reduction when approaching the following types of routine EMS scenes: (C-1) / 8-5.2
 - a. Highway encounters
 - b. Violent street incidents
 - c. Residences and "dark houses"
- 6.8 Describe warning signs of potentially violent situations. (C-1) / 8-5.3

- 6.9** Explain emergency evasive techniques for potentially violent situations, including: (C-1) / 8-5.4
- a. Threats of physical violence.
 - b. Firearms encounters
 - c. Edged weapon encounters
- 6.10** Explain EMS considerations for the following types of violent or potentially violent situations: (C-1) / 8-5.5
- a. Gangs and gang violence
 - b. Hostage/ sniper situations
 - c. Clandestine drug labs
 - d. Domestic violence
 - e. Emotionally disturbed people
 - f. Hostage/ sniper situations
- 6.11** Explain the following techniques: (C-1) / 8-5.6
- a. Field "contact and cover" procedures during assessment and care
 - b. Evasive tactics
 - c. Concealment techniques
- 6.12** Describe police evidence considerations and techniques to assist in evidence preservation. (C-1) 8-5.7
- 6.13** Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation. (C-1) / 1-2.10
- 6.14** Describe the equipment available for self-protection when confronted with a variety of adverse situations. (C-1) / 1-2.15
- 6.15** Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations. (C-3) / 1-2.9

AFFECTIVE OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 6.16** Assess personal practices relative to ambulance operations, which may affect the safety of the crew, the patient and bystanders. (A-3) / 8-1.6
- 6.17** Serve as a role model for others relative to the operation of ambulances. (A-3) / 8-1.7
- 6.18** Advocate and practice the use of personal safety precautions in all scene situations. (A-3) / 1-2.43
- 6.19** Discuss the importance of universal precautions and body substance isolation practices.

(C-1) / 1-2.30

- 6.20** Describe the steps to take for personal protection from airborne and bloodborne pathogens. (C-1) / 1-2.31
- 6.21** Given a scenario, in which equipment and supplies have been exposed to body substances, plan for the proper cleaning, disinfection, and disposal of the items. (C-3) / 1-2.32
- 6.22** Explain what is meant by an exposure and describe principles for management. (C-1) / 1-2.33
- 6.23** Advocate and serve as a role model for other EMS providers relative to body substance isolation practices. (A-3) 1-2.43

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic will be able to:

- 6.24** Demonstrate the following techniques: (P-1) / 8-5.8
 - a. Field "contact and cover" procedures during assessment and care
 - b. Evasive tactics
 - c. Concealment techniques
- 6.25** Demonstrate the proper procedures to take for personal protection from disease. (P-2) / 1-2.46
- 6.26** Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations. (P-2) / 1-2.45
- 6.27** Demonstrate how to place a patient in, and remove a patient from, an ambulance. (P-1) / 8-1.9

OTHER SUGGESTED TOPIC AREAS

1. Diagnostic ECG
2. EMS Agenda for the Future issues (such as prevention)
3. Geriatrics
4. Local clinical & technology / equipment update
5. Local quality improvement issues
6. Nationally recognized guidelines / programs for out-of-hospital care (ACLS, AMLS, BTLS, PALS, PEPP, PHTLS, etc)
7. Skills updates / maintenance