

# Integrated Out-of-Hospital Scenario

## Instructions to Skill Examiners

Thank you for serving as a Skill Examiner at today's examination. Before you read the instructions for the skill you are evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based on race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potential discriminating factors. The Skill Examiner must help ensure that the Professional Paramedic Partner and Simulated Patient conduct themselves in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the National Registry. Skill Examiners must limit conversation with candidates to the communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or commenting on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the instructions for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient, Professional Paramedic Partner, and others on scene
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the National Registry Representative

This skill is designed to assess the candidate's ability to function as the team leader on a simulated out-of-hospital EMS call; direct all personnel and resources on scene, effectively communicate and maintain professionalism throughout the call.

As a review, the identified attributes of good Team Leadership include:

- Creates an action plan
- Communicates accurately and concisely while listening and encouraging feedback
- Receives, processes, verifies, and prioritizes information
- Reconciles incongruent information
- Demonstrates confidence, compassion, maturity, and commands presence
- Takes charge
- Maintains accountability for team's actions/outcomes
- Assess situation and resources and modifies accordingly

Before you open this skill for testing, you must spend a significant amount of time (1 hour or more) reviewing and rehearsing the case with the Professional Paramedic Partner, Simulated Patient/High-fidelity Simulation Manikin and Simulation Technician (if present). A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The Professional Paramedic Partner is provided to serve as the second crew member who responds to the call with the candidate. The Professional Paramedic Partner must perform all skills/tasks as delegated by the candidate. The candidate must also perform all skills/tasks for which he/she has assumed responsibility. No matter who is responsible for the skill or task, all assessments, interventions, and tasks must actually be performed on the Simulated Patient, Task Trainer (IV arm, Intubation Manikin, etc.) or High-fidelity Simulation Manikin.

**Invasive procedures, such as establishing intravascular access, administration of parenteral medications, cardioversion/defibrillation/pacing, chest decompression, etc., must only be performed on an appropriate task trainer or high-fidelity simulation manikin.**

Throughout the scenario, you need to pay close attention to and, at times, participate in the dialogue between the candidate, Professional Paramedic Partner, Simulated Patient/High-fidelity Simulation Manikin, and any other personnel on scene. You should immediately clarify any of the candidate's assessments, procedures, or verbal orders that you simply missed or did not clearly understand. You may also need to remind the candidate and the professional partner to work as a team and actually manage the patient. This scenario is **not** intended to be a "talk my way through the scenario" but must be run in such a way to precisely match as close as possible the way the call would actually be handled in the out-of-hospital setting. All assessments, clinical measurements (vital signs, ECG, etc.), and interventions must actually be performed by either the candidate or as assigned to the Professional Paramedic Partner.

Each candidate must be evaluated for the full 20 minute time limit and cannot terminate the scenario before reaching the 20 minute maximum time limit. If a candidate transports the simulated patient from the scene at 12 minutes, you must inform the candidate that he/she has an eight minute transport to his/her chosen destination. Remind the candidate that his/her evaluation will continue until the patient arrives at the final destination. Throughout the scenario, candidates are permitted to take notes, obtain ECG recordings, etc., but **all notes and recordings must be collected and secured before the candidate leaves the room.**

The accuracy, quality, and authenticity of moulage are vital for appropriate delivery of this skill. Due to some limitations of moulage, you may need to establish some dialogue with the candidate during this skill. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real, out-of-hospital response (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate or the Professional Paramedic Partner exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what is normally seen, heard, or felt on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound, and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response is to merely state, "The injury you just exposed is a sucking chest wound." Outer garments must also be provided which should be removed to expose the Simulated Patient. If prepared garments are not available, you must pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in their ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as expected in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that normally bleeds in the field. The garment should also be lacerated to indicate a knife wound. A hole that approximates the caliber of the gunshot wound should be cut through the outer garment where the exact wound is located. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates. Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Even though it may be summertime, the Simulated Patient may become uncomfortably cold during the examination from lying on the floor and being disrobed throughout the day. A blanket is required in this skill to help keep the Simulated Patient warm throughout the examination no matter what time of year the examination is conducted.

As the candidate enters your room, introduce yourself. Be sure the candidate introduces him/herself so that you can accurately fill in the information on the evaluation form. Do not ask candidates other personal questions, including questions related to training or current practice location. Clarify any specific questions the candidate may have about how to interact with you, the Professional Paramedic Partner, the Simulated

Patient/High-fidelity Simulation Manikin, and any other personnel on scene during this scenario. Try to put them at ease before starting the evaluation while maintaining an appropriate professional Skill Examiner distance. Be sure to provide the candidate with one sheet of blank paper and a pen or pencil to record information throughout the case ***which must be collected before dismissing the candidate.***

***As you welcome a candidate into the room and read the "Instructions to the Psychomotor Skills Candidate," be sure to do this as the candidate faces away from you and prohibits the candidate from viewing the Simulated Patient and any part of the scene.*** Other candidates waiting to test this skill must not be able to overhear or observe any specific scenario information. It may be easiest to have the candidate enter the room and turn his/her back to the Simulated Patient and scene. A partition set up just inside of the entrance to your room that screens the Simulated Patient from viewing the scene and patient also works well. After all instructions and "Dispatch Information" are read while the candidate faces away from the Skill Examiner, the time limit will start when the candidate and Professional Paramedic Partner turn around and begin to approach the Simulated Patient. You may have received one or several photographs with the scenario in order to consistently provide a visual depiction of the scene or patient. Whenever necessary, show the candidate the appropriate photo in order to reinforce the scene/setting, patient findings, and so on. Be sure to hand the candidate the photograph of the scene to impress upon him/her considerations in approaching the scene. Then, as the candidate first encounters the patient, provide him/her the photograph of the patient. You should reinforce this information throughout the scenario to ensure the candidate has not forgotten any vital information that would visually be present on scene but may not be able to be realistically moulded for the examination.

Candidates assume the role of Team Leader and are responsible for directing the actions of the Professional Paramedic Partner. Some candidates may ask questions or give orders in rapid-fire sequence. This can make it difficult for you to give all needed information and impossible for the Professional Paramedic Partner to carry out, leading to misunderstandings about what was ordered or performed. The Professional Paramedic Partner should help control this by using appreciative inquiry to ask for clarification, such as, "You asked me to attach the ECG monitor and establish an IV. Which would you like me to complete first?" Clinical information, physical examination findings, and other vital signs are only provided after the candidate or Professional Paramedic Partner actually performs the assessment or procedure necessary to obtain that data. For example, after the 12-lead ECG is attached to the patient and the monitor is powered on, you should hand the candidate the supplied 12-lead ECG to review which represents the patient's cardiac rhythm given that scenario.

Once contact is made with the patient, information must be supplied by the appropriate person as identified in the scenario. The Simulated Patient and Skill Examiner must dramatize and role-play as outlined in the scenario, within reason. Candidates may ask for additional information not specifically provided in the scenario. Based on your expertise and that of the Simulated Patient, you both should respond appropriately given your roles. Be sure to state your responses using typical layperson language and by responding in the first person. Remember to provide information on the patient's response to any interventions at the appropriate time the specific response is observed in the typical field situation. You should continue providing an appropriate clinical presentation of the patient based on the information listed in the case until the candidate initiates appropriate management. The vital signs listed with the scenario have been provided as a sample of acceptable changes in the Simulated Patient's vital signs based on the candidate's treatment. They are not comprehensive, and we depend on your expertise in presenting vital information that reflects an appropriate response, either positive or negative, to the treatment(s) provided up to that point. It is essential that you do not present a "physiological miracle" by improving the patient too much at too early a step. If no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient.

The candidate is to be specific in his/her questions, orders, and procedures. For example, when a candidate inquires about pain, he/she must separately ask for characteristics (radiation, aggravation, etc.) before the Simulated Patient answers with appropriate information. The Simulated Patient must be specific when providing information but not volunteer additional facts for which the candidate did not inquire. Do not make

information difficult to obtain unless the scenario identifies that the patient is unresponsive and no historical information is available. Additionally, the Simulated Patient must provide responses to questions that are consistent with the information identified in the scenario.

All essential information is provided in the case. Unremarkable or normal findings in the "Examination Findings" section of the prepared case are identified with "---." However, it is possible for a candidate to ask for additional information not provided in the materials. In such cases, you should apply one of the following:

1. Supply your own information that reasonably fits the scenario. Do not complicate or alter the scenario in any way.
2. If the request is for data which is not supplied, you may respond by either stating, "The order has been given," but assume the results are not available during the remainder of the scenario, or state, "The findings are normal" if appropriate.
3. As a last resort, simply state, "That information is not available at this time."

Do not cue candidates that a response is incomplete or incorrect. For example, if a candidate fails to completely investigate a past medical history, neither you nor the Professional Paramedic Partner should respond by stating, "Is there anything else in the past medical history you would like to know?" Be careful not to lead the candidate with either verbal or physical cues. Avoid phrases such as, "OK," "Fine," "Right," or "Oh, really?" Do not provide non-verbal cues such as broad smiles, frowns, or other body language.

When the candidate has reached the 20 minute time limit, you should state, "That completes the Integrated Out-of-hospital Scenario. Please leave your notes and all other supplied materials on the table in front of you. Take all your equipment back to the restocking area for the next candidate to prepare." Be sure that all materials are left in the room and that no candidate leaves the examination room with any notes, copies, photographs, ECG tracings, or any other type of recording of the case. If possible, dismiss the Professional Paramedic Partner to begin reviewing equipment with the next candidate while he/she prepares their equipment. Complete your evaluation form and prepare the room to appear in a consistent fashion before accepting the next candidate into your room for evaluation. Please do not discuss any performance with anyone other than the National Registry Representative if you have questions.

There are five categories in which performances are evaluated. Each scoring category has four related statements with assigned point values to help you consistently award the appropriate points for each performance. In each category, a score of "2" represents the performance of a minimally competent, entry-level candidate who has demonstrated that he/she can safely and effectively provide care in a field situation. Scores of less than "2" in any category represent a marginal or seriously deficient performance. A score of greater than "2" should only be awarded whenever outstanding or exemplary performance is observed in any category. Keep in mind that your judgment of performance should be based on the care that a recent graduate is expected to provide rather than that of a "seasoned veteran" who has many years of field experience and patient contact.

After all points have been awarded and totaled, please review the "Critical Criteria" statements printed at the bottom of the evaluation instrument. If the candidate failed to appropriately address any of the "Mandatory Actions" or committed any "Critical Failure Criteria" listed in your scenario, you must document and factually describe the omission/commission. We depend on your expertise to review all scoring criteria and make appropriate judgments based on the actual patient care that you observed being delivered. When in doubt, please consult the National Registry Representative for clarification or additional assistance. If you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance, we strongly recommend that you concisely document the entire performance on the backside of the evaluation form. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

---

## Information for the Professional Paramedic Partner

---

Thank you for serving as the Professional Paramedic Partner in the Integrated Out-of-hospital Scenario at today's examination. Each candidate will assume the role of Team Leader and is tested on his/her ability to direct all personnel and resources on scene, effectively communicate, and maintain professionalism throughout a simulated EMS call. The candidate is in charge of directing all assessments, treatments, and interventions. As the Professional Paramedic Partner, you must treat this scenario as an actual EMS run and assist the candidate by correctly performing all tasks as directed. You must also communicate with the candidate, simulated patient, and other personnel on scene just as you would on an actual EMS call.

Please take a moment to review the following attributes of a good Team Member which is expected of you throughout today's examination:

- Demonstrate followership – is receptive to leadership
- Perform functions using situational awareness and maintains it
- Utilize appreciative inquiry
- Avoid freelance activity
- Listen actively, using closed-loop communication and report progress on tasks
- Perform tasks accurately and in a timely manner
- Advocate for safety and be safety conscious at all times
- Leave ego/rank at the door

**You are not permitted to intentionally make any mistakes and you are expected to perform all tasks to the best of your ability.** However, because you are human, mistakes will happen from time to time. In such cases, the candidate may identify your error and suggest a correction, or you can simply correct your error. In a similar way, you may observe a candidate's mistake or receive a directive from the candidate with which you may not agree. **You must immediately alert the candidate if there is an actual concern for patient or team safety, using good appreciative inquiry techniques to identify the potential danger before harm occurs.** If the candidate chooses to ignore your suggestion, you must issue a second, more forceful challenge in order to advocate for patient or team safety. At that point, you must overrule the candidate and implement the correct procedure or intervention. The candidate must then resume the role of Team Leader and continue to run the call.

The Skill Examiner will provide vital signs, ECG recordings and other pertinent information only after the appropriate assessment or skill has been completed. You should familiarize yourself with the scenario and the simulated patient's expected physical examination findings and vital signs. By doing so, you are able to provide accurate information back to the candidate that corresponds precisely to the scenario information reflective of an actual out-of-hospital call. Please strive to make your interactions as close to real-world as possible in order to help assure fair and accurate evaluation of all candidates throughout the examination.

You are to use closed-loop communication and repeat all orders back to the candidate. If the candidate wishes to change an order, he/she must notify you. You should then repeat the changed order back to the candidate and carry it out once confirmed. If the candidate repeats an incorrect order, you must provide the correct intervention and the candidate will be marked accordingly. If the candidate gives you multiple, simultaneous orders, you should respond by using appreciative inquiry to ask for clarification, such as, "You asked me to attach the ECG monitor and establish an IV. Which would you like me to complete first?"

At some point during the scenario, the candidate may verbalize the need to move the patient. This can be to change the patient's position (from supine to sitting) or to move the patient to a carrying device (wheeled stretcher, stair chair, or move to the ambulance). Ask the candidate to describe any special considerations and how the move will be accomplished. While the candidate is describing the patient movement, you will assist the Simulated Patient in placing himself/herself in the desired position/location **without the candidate's assistance. In order to reduce the risk of personal injury, no one is permitted to actually lift or move the**

**patient throughout the examination.** If the move was to the ambulance in order to transport, you will be driving the ambulance and are unable to assist with patient care unless the candidate directs you to stop the ambulance. The scenario will continue until the maximum 20 minute time limit is reached. Therefore, if the candidate calls for transport of the patient at eleven 11 minutes into the scenario, there is nine minute transport time to the chosen destination. The candidate is responsible for continuing to provide/direct all patient care throughout transport.

You must introduce yourself to the candidate and explain your role as the Professional Paramedic Partner before the actual evaluation begins. This is also a good time to review the equipment that the candidate has assembled prior to entering the skill. Candidates can assemble the equipment in a variety of ways that is consistent with delivery of out-of-hospital care in the area. Candidates are also permitted to bring their own equipment for use in this scenario **so long as the National Registry Representative has inspected it and approved it for testing and the Skill Examiner is familiar with its appropriate use. Please note that no electronic references and communication devices are permitted to be used in this skill, nor are they permitted to be brought into the examination site during the examination.** If the candidate brings his/her own equipment, he/she is solely responsible for all the equipment. If any required equipment is missing (see list at end of these instructions), the National Registry Representative must be notified immediately before the candidate's evaluation begins. The National Registry Representative may then offer the candidate one of the following choices:

Reasonable time to retrieve the missing equipment

1. Disqualify all materials the candidate brought for use in the Integrated Out-of-Hospital Scenario and permit him/her to only use the equipment supplied by the site
2. Leave the examination site and make an appointment to test at another time at a scheduled NRP examination site

The candidate must be given time to inspect the equipment before the actual evaluation begins. This is best accomplished by having the Professional Partner meet the candidate in the equipment restock area while the candidate inspects, gathers, prepares, and checks the equipment. He/she is also permitted to collect the material in any number of ways consistent with out-of-hospital care delivery. The equipment must be assembled in some way that facilitates transport of the equipment from the vehicle to the scene of the patient (one "First-in" bag; several bags, such as BLS, Airway, Trauma, Peds, Meds; etc.) The Professional Partner should know where all of the equipment is stored before actual evaluation of any candidate begins. The Professional Partner may assist a candidate in locating a piece of equipment when he/she cannot find that equipment in a timely manner. When the candidate is prepared, the Professional Partner should notify the Skill Examiner. The Skill Examiner reads the "Dispatch Information" to the Team Leader and enters the skill testing area with the candidate and the Professional Paramedic Partner.

---

### **Information for the Simulated Patient**

---

Thank you for serving as the Simulated Patient at today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond just as a real patient does in a similar situation. The Skill Examiner will review this information and help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you must act out and the degree of pain that you exhibit as the candidate palpates those areas must be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in such a way that may cause a painful response in a real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any additional clues while you are acting as the Simulated Patient outside of those identified in the scenario. For example, it is inappropriate to moan that your back hurts after you become aware that the candidate never rolled you over to assess your back. Be sure to move with the candidate as he/she moves you

to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room. The Professional Paramedic Partner will assist in moving you to a new position, such as sitting up from a supine position or being transferred to the ambulance for transport. ***In order to reduce the risk of personal injury, no candidate is permitted to actually lift or move you throughout the examination.*** Time will be temporarily suspended in order for you to move yourself, with the assistance of the Professional Paramedic Partner, in a safe manner. The timed testing will resume once you are correctly positioned in the manner described by the candidate.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

You must review the scenario and instructions with the Skill Examiner so that you respond appropriately given today's scenario. **You are not permitted to alter any patient information provided in the scenario other than age and gender to coincide with today's Simulated Patient.** Be sure to program your Simulated Patient to respond as a real patient does according to all injuries listed in the scenario.

---

### Equipment List

---

Do not open this skill for testing until the National Registry Representative has provided you with an Integrated Out-of-hospital scenario. You must also have a live Simulated Patient who is an adult or adolescent at least 16 years of age. A high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. A combination of task trainers (IV arm, intubation manikin, etc.) must be used in conjunction with a live Simulated Patient so that all interventions can be performed safely:

- Live Simulated Patient
  - at least 16 years of age
  - average adult height and weight
  - dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed
- Moulage kit or similar substitute
- Outer garments to be moulaged (cut, ripped, soaked in blood, etc.) and cut away
- Tape (for outer garments)
- Blanket (to keep Simulated Patient warm)
- Adult intubation manikin
- Child CPR manikin
- Infant CPR manikin
- Pediatric intubation head
- IV arm or IV block for vascular access
- Pediatric leg set for Intraosseous infusion with electric drill, Jamshidi or Bone Injection Gun
- 12-lead ECG monitor/defibrillator with lead wires or equivalent substitute (iSimulate , etc.)

In lieu of a live Simulated Patient (above list), a High-fidelity Simulation Manikin capable of responding as a real patient given the scenario(s) utilized today may also be used as the Simulated Patient, so long as the candidates have experience using high-fidelity simulation manikins. If a High-fidelity Simulation Manikin (adult, child and infant) is used as the Simulated Patient, the manikin must be moulaged to simulate the nature of the call given the scenario which would also require the following supplies:

- Moulage kit or similar substitute
- Outer garments to be moulaged (cut, ripped, soaked in blood, etc.) and cut away
- Tape (for outer garments)

In addition to a live Simulated Patient or a High-fidelity Simulation Manikin, the following equipment must also be available, and you must ensure that it is working adequately throughout the examination. Sites and candidates can assemble the equipment in a variety of ways that is consistent with delivery of out-of-hospital care in the area. The equipment must be assembled in some way that facilitates transport of the equipment from the vehicle to the scene of the patient ("First-in" bag; several bags, such as BLS, Airway, Trauma, Peds, Meds; etc.):

- Oropharyngeal airways (Sizes 0 – 6)
- Nasopharyngeal airway (Minimum pediatric size – Maximum adult size)
- Blind insertion or supraglottic airway devices (adult and pediatric sizes)
- Endotracheal tubes 2.5 – 4.5 uncuffed, 3.0 – 9.0 cuffed (stylet and syringe)
- Laryngoscope and blades (Sizes 2 – 4 straight and curved)
- Magill forceps (adult and pediatric)
- Tongue depressor
- BVM with mask and connection tubing (adult and pediatric)
- Suction (bulb, rigid and flexible catheter)
- Oxygen administration devices (nasal cannula, simple mask, partial non-rebreather mask, Venturi mask, mini nebulizer)
- Pulse oximetry (can be built-in to the cardiac monitor/defibrillator unit)
- Glucometer
- Penlight
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Vascular access (antiseptic wipe, IV catheters 18 – 22 ga., tourniquet, tape/securing device)
- Sharps container
- Syringes, 3 of each size (1 mL, 3 mL, 10 mL, 30 mL)
- Needles (5 – 21 ga.)
- 10 mL normal saline flush (5)
- Intranasal atomization device (2)
- Microdrip and macrodrip tubing, 2 each
- Pediatric weight-based assessment tool
- Hemorrhage control (pressure dressing, tourniquet, occlusive dressing, hemostatic agent, abdominal pad, 4 x 4, Kling® or Kerlex®)
- PPE (gowns and face masks may be in the ambulance)
- Cardiac Monitor/defibrillator capable of 12-lead ECG acquisition and transcutaneous pacing (adult and pediatric)
- Waveform capnography or colorimetric device
- Oxygen cylinder with regulator

The following medications may be included in the "First-in" bag or as part of a separate Medication bag:

- Alpha/beta adrenergic agonists (epinephrine, 1:1,000 [2 – 10 mcg/min IV/IO; 0.3 mg IM; 5 mg inhaled]; epinephrine, 1:10,000 3 mg IV/IO [1 mg administered 3 times])
- Analgesia (morphine 0.1 mg/kg IV/IO or fentanyl 1 mcg/kg IN/IM/IV/IO)
- Anticholinergics (atropine, 0.5 mg – 3 mg, (pediatric 0.01 – 0.02 mg/kg); ipratropium, 1.5 mg nebulized (0.5 mg up to 3 times in conjunction with albuterol)
- Benzodiazepines (diazepam 10 mg IV or lorazepam 4 mg IV or midazolam 5 mg IV/IM/IN/buccal) double for the second dose
- Beta-2 agonist (albuterol, 15 mg nebulized [5 mg continuous])
- Glucose-elevating agents, (oral glucose, 25 gm PO; dextrose, 50 gm of 10 – 50% solution IV/IO (25 gm administered 2 times); glucagon, 2 mg IM/IN (1 mg administered 2 times)
- Isotonic fluid, 2 L (normal saline or lactated Ringer's)
- Adenosine, 6 mg, 12 mg, and 12 mg doses IV/IO
- Amiodarone, 450 mg IV/IO or lidocaine, 3 mg/kg IV/IO
- Aspirin, chewable, nonenteric-coated preferred, 325 mg
- Naloxone, 2 mg IV/IO/IM/IN/ETT
- Nitroglycerin, 0.4 mg SL (35 doses, tablets or spray or paste)

The following equipment is to be located in the ambulance:

- 3 ¼", 14-gauge Angiocatheter for needle thoracostomy
- Antiemetic (ondansetron 4 mg IV/IO/PO, metoclopramide 10 mg IV/IO/IM, or prochlorperazine 10 mg IV/IM)
- Antipsychotics (haloperidol 10 mg, olanzapine 10 mg, or ziprasidone 10 mg)
- Calcium chloride 10%
- Dexamethasone 16 mg IV/IM
- Diltiazem, 0.25 mg/kg and 0.35 mg/kg IV/IO
- Diphenhydramine ,50 mg
- Dopamine, 2 – 20 mcg/min IV/IO
- Atropine/pralidoxime chloride autoinjector
- Ketamine, 4 mg/kg
- Ketorolac, 60 mg IV/IM
- Magnesium sulfate, 4 Grams
- Sodium bicarbonate, 1 mEq/kg IV/IO
- Non-invasive ventilation techniques (CPAP, BiPAP, Intermittent positive pressure breathing, humidified high-flow nasal cannula)
- IO catheters (adult and pediatric), IO stabilization device, stop cock or extension set, pressure infusion bag
- OB kit (bulb syringe, 2 cord clamps)
- PPE (gowns and face masks may be in the ambulance)
- Waveform capnography or color metric device (can be in the First-in Bag or the ambulance)
- Fracture stabilization (pelvic binder, rigid splints, air splints, traction splints)
- Hot/cold packs
- Eye shield
- Cervical collar (adjustable or various sized, adult, and pediatric)
- Long backboard
- Medications:
  - Cyanide antidote (amyl nitrite, 0.3 mg inhaled; sodium thiosulfate, 12.5 Gm IV; and sodium nitrite, 300 mg IV or hydroxocobalamin, 5 mg)
  - Steroids (methylprednisolone, 125 mg IV, or dexamethasone 16 mg IV/IM or hydrocortisone succinate 100 mg IV/IM)

## Instructions to the Psychomotor Skills Candidate Integrated Out-of-Hospital Scenario

[Professional Paramedic Partner reads the following information to the candidate and then assists candidate as he/she checks/packages equipment for **no more than five minutes.**]

Welcome to the Integrated Out-of-hospital Scenario. My name is [Your Name] and I will serve as your Professional Paramedic Partner throughout this scenario. You are the Team Leader and you should delegate whatever you want me to accomplish. We must perform all assessments and interventions before any related patient information is supplied. I will do my best to correctly carry out the tasks you assign to me. We are evaluated for the entire 20 minute time limit in this scenario. Every attempt has been made to program the Live Simulated Patient, High-fidelity Simulation Manikin, and monitoring equipment to appropriately reflect all information, but the Skill Examiner may need to clarify some information. You have up to five minutes to inspect and prepare your equipment before we begin. Please ask me if you have any questions concerning the operation of specific equipment or if any of the equipment or supplies are missing. If you brought your own equipment, the National Registry Representative must inspect it and approve it for testing. This site is not responsible if any of your required equipment is missing or does not operate properly. Do you have any questions before we begin?

[After the candidate and Professional Paramedic Partner check/prepare equipment, the Skill Examiner directs the candidate and Professional Paramedic Partner to turn and face away from the Skill Examiner, scene, and Simulated Patient. The Skill Examiner then reads the prepared "Dispatch Information." The 20 minute time limit begins as the candidate turns and approaches the scene.]