

Candidata

National Registry of Emergency Medical Technicians Advanced Level Psychomotor Examination

Eveminer

Attempt	P/F
NREMT Use Only	

DYNAMIC CARDIOLOGY

Candidate Examin	iei	
Date: Signatu	ure:	
SET #		Points
Actual Time Started:	Points	Awarded
Takes or verbalizes appropriate PPE precautions	1 *	
Checks patient responsiveness	1	
Checks ABCs [responsive patient] – or – checks breathing and pulse [unresponsive p	patient] 1	
Initiates CPR if appropriate [verbally]	1 *	
Attaches ECG monitor in a timely fashion or applies paddles for "Quick Look"	1	
Correctly diagnoses initial rhythm Document Initial Rhythm:	1	
Appropriately manages initial rhythm	1	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly diagnoses second rhythm Document Second Rhythm:	1	
Appropriately manages second rhythm		
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly diagnoses third rhythm Document Third Rhythm:	1	
Appropriately manages third rhythm	<u> </u>	
	<u> </u>	
Notes change in rhythm		
Checks patient condition to include pulse and, if appropriate, BP	<u> </u>	
Correctly diagnoses fourth rhythm Document Fourth Rhythm:		
Appropriately manages fourth rhythm		
Orders high concentration of supplemental oxygen at proper times	1	
Actual Time Ended: Elapsed Time: Maximum 8 minute	s TOTAL 20	
CRITICAL CRITERIA Failure to take or verbalize proper PPE precautions Failure to order initiation or resumption of CPR when appropriate Failure to verify rhythm before delivering each shock Failure to ensure the safety of self and others Inability to deliver shock Failure to demonstrate acceptable shock sequence Failure to order correct management of airway or administer oxygen when appreciate to diagnose or manage 2 or more rhythms correctly Failure to correctly diagnose or adequately treat v-fib, v-tach, asystole, or pulse Exhibits unacceptable affect		
Uses or orders a dangerous or inappropriate intervention You must factually document your rationale for checking any of the above critical contents.	ical items on the reverse side of this form	n.
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My signature above affirms that, to the best of my knowledge, this candidate was evaluated without conflict of interest or bias in accordance with NREMT policies and that his/her performance has been documented accurately.