The Examination Coordinator is responsible for obtaining and setting-up the various skills on the day prior to the scheduled psychomotor examination if possible. If it is not possible to set-up all skills the day before the psychomotor examination, the Examination Coordinator must at least verify the availability of all equipment that is considered to be the minimal essential equipment needed.

**PATIENT ASSESSMENT – TRAUMA**

- PPE
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- A live simulated patient who is an adult or adolescent at least sixteen (16) years of age. 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 high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the simulated patient.
PATIENT ASSESSMENT – MEDICAL

- PPE
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)
- A live simulated patient who is an adult or adolescent at least sixteen (16) years of age. 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 high-fidelity simulation manikin capable of responding as a real patient given the scenario(s) utilized may also be used as the simulated patient.
VENTILATORY MANAGEMENT (ADULT & ALTERNATIVE AIRWAY DEVICE [SUPRAGLOTTIC AIRWAY])

Equipment for the Pediatric Ventilatory Management and Pediatric Respiratory Compromise Skills is listed separately in the Pediatric Skills section below.

- PPE
- Adult Intubation manikin
- Laryngoscope handle and blades (straight and curved of various sizes)
- Endotracheal tubes (6.0 – 8.5 cm)
- End-tidal CO2 detector (waveform capnography or colorimetric) and/or esophageal detector device (EDD)
- Syringes (10 mL, 20 mL, 35 mL, etc.)
- Stylette
- BVM with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway to include at least one (1) of the following:
  - Combitube®
  - PTL®
  - King LT® Oropharyngeal Airway or similar
- Stethoscope
- Lubricant
- 1/2" tape
- Spare batteries
- Tongue blade
CARDIAC MANAGEMENT SKILLS (DYNAMIC CARDIOLOGY, STATIC CARDIOLOGY, AND CARDIAC ARREST MANAGEMENT/AED)

These skills should be in a quiet, isolated room with a desk or table and two (2) chairs. Prepared testing scenarios for the Dynamic portion and ECG tracings will be provided by the National Registry Representative. The manikin must be placed and left on the floor for these skills. Live shocks must be delivered.

Dynamic and Static Cardiology:
- PPE
- Monitor/defibrillator (no automated, semi-automated or interpreting machines permitted) with freshly charged batteries and spares
- Arrhythmia generator compatible with manikin and monitor/defibrillator
- Defibrillation manikin
- Conductive medium (gel, pads, etc.)
- ECG paper

Cardiac Arrest Management/AED:
- PPE
- Automated External Defibrillator (trainer model) with freshly charged and spare batteries
- CPR manikin that can be defibrillated with an AED Trainer
ORAL STATION

These skills should be in a quiet, isolated room with a desk or table and two (2) chairs. The Skill Examiner will sit across from and face the candidate during the testing in this station. The National Registry Representative will provide prepared testing cases and a barrier to prohibit any candidate from observing any case information or examiner documentation. Each candidate completes two (2) separate cases, each of which is conducted by a separate Skill Examiner.

- Tablet paper for candidate
- Pen or pencil for candidate

IV AND MEDICATION SKILLS (IV THERAPY AND IV BOLUS MEDICATIONS)

Equipment for the Pediatric Intraosseous Infusion Skill is listed separately in the Pediatric Skills section below.

- PPE
- IV infusion arm
- IV solutions*
- Administration sets**
- IV catheters
- IV push medications (prefilled syringes) ***
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:
* May be expired
** Must include micro drip tubing (60gtt/cc)
*** May use syringes with fake medication labels

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PEDIATRIC SKILLS (PEDIATRIC VENTILATORY MANAGEMENT, PEDIATRIC INTRAOSSEOUS INFUSION, AND PEDIATRIC RESPIRATORY COMPROMISE)

**NOTE: These skills may be set-up as part of the Ventilatory Management Skills and the IV and Medication Skills.**

**PEDIATRIC VENTILATORY MANAGEMENT**

- PPE
- Infant intubation manikin
- Laryngoscope handle and blades (straight and curved of various sizes)
- Endotracheal tubes (3.0 – 5.0 mm)
- End-tidal CO2 detector and/or esophageal detector device (EDD)
- Syringes (10 mL, 20 mL)
- Stylette
- BVM with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Stethoscope
- Lubricant
- 1/2" tape
- Spare batteries
- Tongue blade
- Towel or other appropriate padding
**PEDIATRIC INTRAOSSEOUS INFUSION**

- PPE
- Intraosseous infusion manikin with replacement tibias (6 – 8 sticks/tibia)
- IV solutions*
- Administration sets**
- IV extension tubing or three-way stopcock
- Intraosseous needles (Jamshidi®, electric, drill-type and/or spring-loaded device)
- Syringes (various sizes)
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing
- Approved sharps container

NOTE: Please refer to the essay for a detailed discussion of the following:
* May be expired
**Must include micro drip tubing (60gtt/cc)

**PEDIATRIC RESPIRATORY COMPROMISE**

- PPE
- Infant manikin (approximately 1 year)
- BVM with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Stethoscope
- Tongue blade
- Towel or other appropriate padding
RANDOM EMT SKILLS AND SPINAL IMMOBILIZATION (SUPINE PATIENT) SKILL

Skills will be tested as follows but all equipment for all skills must be available. One (1) adult or adolescent who is at least sixteen (16) years of age must serve as the Simulated patient for this skill. The Simulated patient must also be of average adult height and weight.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SKILL(S) TO TEST</th>
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<tbody>
<tr>
<td>I/99</td>
<td>Test one (1) of the following:</td>
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<td>▪ Spinal Immobilization (Seated Patient)</td>
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<td>▪ Spinal Immobilization (Supine Patient)</td>
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<td></td>
<td>▪ Bleeding Control/Shock Management</td>
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<td>AEMT</td>
<td>Must test one (1) of the following:</td>
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<td></td>
<td>▪ Spinal Immobilization (Seated Patient)</td>
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<td>▪ Bleeding Control/Shock Management</td>
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<td>▪ Long Bone Immobilization</td>
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<td></td>
<td>▪ Joint Immobilization</td>
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<td>Candidates must also test:</td>
</tr>
<tr>
<td></td>
<td>▪ Spinal Immobilization (Supine Patient)</td>
</tr>
</tbody>
</table>

SPINAL IMMOBILIZATION (SEATED PATIENT)

- PPE
- Half-spine immobilization device
- Vest-type immobilization device
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Long immobilization straps (6 of any type)
- Tape (2” or 3” adhesive)
- Blankets (2)
BLEEDING CONTROL/SHOCK MANAGEMENT

- PPE
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with reservoir (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

LONG BONE IMMOBILIZATION

- PPE
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

JOINT IMMOBILIZATION

- PPE
- Cravats (6) to be used as a sling and swathe
SPINAL IMMOBILIZATION (SUPINE PATIENT)

- PPE
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Securing straps (6 – 8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape
INTEGRATED OUT-OF-HOSPITAL SKILL STATION

In addition to a live simulated patient or a high-fidelity simulation manikin, the following equipment must 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.

**NOTE: Drugs may be expired or filled with saline with fake medication labels**

- 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

**First in Bag:**
- 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 connection tubing (adult and pediatric)
- Suction (bulb, rigid and flexible catheter)
- Oxygen administration devices (nasal cannula, simple mask, partial non-rebreather mask, Venturi mask)
- Pulse oximetry (can be built-in to the cardiac monitor/defibrillator unit)
- Glucometer
- Penlight
- Trauma shears
- Stethoscope
- Sphygmomanometer
- Vascular access kit (antiseptic wipe, IV catheters 18 – 22 ga., tourniquet, tape/secure device)
NREMT ADVANCED LEVEL PSYCHOMOTOR EXAMINATION EQUIPMENT LIST

- 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
- 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:

- 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]
- Morphine, (0.1 mg/kg IV/IO) or Fentanyl, (1 mcg/kg IN/IM/IV/IO)
- Atropine, (0.5 mg – 3 mg, pediatric 0.01 – 0.02 mg/kg)
- Albuterol, (15 mg nebulized [5 mg continuous])
- Ipratropium, (1.5 mg nebulized) [0.5 mg up to 3 times in conjunction with albuterol]
- Diazepam, (10 mg IV) or Lorazepam, (4 mg IV) or Midazolam, (5 mg IV/IM/IN/buccal) [double for the second dose]
- 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)

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Naloxone, (2 mg IV/IO/IM/IN/ETT)
Nitroglycerin, (0.4 mg SL) (35 doses, tablets or spray or paste)

**Ambulance Equipment:**
- 3 ¼” 14 ga. Angiocatheter for needle thoracostomy
- 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)
- Blanket
- PPE
- 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)
- Cold packs
- Hot packs
- Eye shield
- Cervical collar (adjustable or various sized, adult and pediatric)
- Long backboard

**Medications:**
- Amyl nitrite, (0.3 mg inhaled)
- Sodium thiosulfate, (12.5 Gm IV)
- Sodium nitrite, (300 mg IV) or Hydroxocobalamin, (5 mg)
- Methylprednisolone, (125 mg IV) or Dexamethasone, (16 mg IV/IM) or Hydrocortisone succinate (100 mg) IV/IM
- Ondansetron, (4 mg IV/IO/PO) or Metoclopramide, (10 mg IV/IO/IM) or Prochlorperazine, (10 mg IV/IM
- Haloperidol, (10 mg) or 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)